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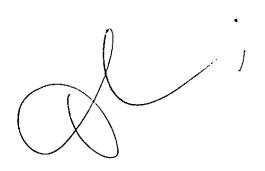
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## **COVER LETTER**

Registration Section TO: Division of Corporations Esposito Capital LLC SUBJECT: \_ Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin F. Richardson Name of Person Clyatt & Richardson, P.A. Firm/Company 1401 Forum Way, Suite 720 Address West Palm Beach, FL 33401 City/State and Zip Code jennifer@crr-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 471-9600 Kevin F. Richardson Area Code & Daytime Telephone Number Name of Person **Street Address:** Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: **☑** \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: Esposito Capital	LLC				
2. (a)			(b)			
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	1200 S Flagler Drive. Unit 105		1200 S Flagler Drive, Unit 105			
	West Palm Beach, FL 33401		West Pair	n Beach, FL 31	3401	
	08/05/2021		1.21000352	1966		
3.	Date of filing/registration in Florida	<del>-</del> 4,		Document r	number	
5. (a)						
. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of Sta	nte:		
	Gene M. Carlino, Esquire					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	874
	2424 North Fedreal Highway, Peninsula Plaza Suite 260				SECRED SECRED	
	Boca Raton FI	L_33431		_	NAS	4
(b)	Kevin F. Richardson, Esq.				SEC. F	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	<del>_</del>	315	4
	NEW Registered Office Address:					
	1401 Forum Way, Suite 720					
			<u> </u>	_		
	West Palm Beach	L_33401				
change igent v was/we	imited liability company is not organized under the late of changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light erelauthorized by an affirmative vote of the members icles of oxpanization or the operating agreement of the	e registe iability of the li e limited	ered office a company, it imited liabili	nd the busine is hereby con ity company o mpany,	ss office of the ifirmed that the	registered change(s)
Signa	ture of a ment per or authorized representative of a member	_		Printed or typ	ped name of signe	e
provisi he obi o mer	by addept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a e perfor ed for in hereby	et in this cap mance of my i Chapter 60 confirm tha	pacity. I furth dutles, and I 15, F.S. Or, if t the limited h	her agree to co I am familiar w f this document iability compai	mply with the ith and accept is being filed iy has been
Signatu	ire of Registered Agent					