

L06000104303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000130523030

08/02/08--01045--009 \*\*25.00

FILED

08 JUN -2 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMER

JUN -

EXAM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORPOCALL LLC  
(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:

MARCELO BUKI  
(Name of Person)

CORPOCALL LLC  
(Firm/Company)

2875 NE 191 ST., SUITE 402  
(Address)

AVENTURA, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCELO BUKI at (y) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: CORPOCALL, LLC  
2. (a) Principal office address of limited liability company: 6601 NW 14<sup>TH</sup> ST, SUITE 11  
(Note: **MUST BE STREET ADDRESS**) PLANTATION FL 33313

(b) Mailing address of limited liability company: 6601 NW 14<sup>TH</sup> ST, SUITE 11  
(Note: **MAY BE POST OFFICE BOX**) PLANTATION FL 33313

10/17/2006  
3. Date of filing/registration in Florida

L06000104303  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SCHUMMER, ERIC

Registered Office Address:

6601 NW 14<sup>TH</sup> ST, SUITE 11  
PLANTATION FL 33313

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

BUKI, MARCELO

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

2875 NE 191 ST, SUITE 402  
AVENTURA, FL 33180

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

MARCELO BUKI  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. If this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
OCT 19 2006  
TALLAHASSEE, FLORIDA  
CLERK OF STATE