

107000105290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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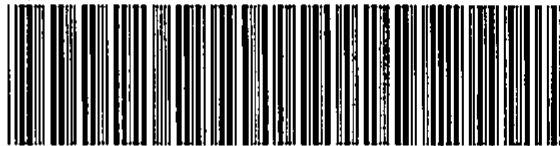
(Business Entity Name)

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17 JUL 31 AM 10:38
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

AUG 03 2017

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Law Offices of Kristina M. Cardido
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:

Kristina Cardido
Name of Person

The Law Offices of Kristina M. Cardido
Firm/Company

108 Villa Nueva Place
Address

Palm Beach Gardens, FL 33418
City/State and Zip Code

KCMONTESINO@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Cardido at (561) 632-9605
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 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.

1. Name of the limited liability company: The Law Offices of Joseph M. Caputo
2. (a) 501 S. Flagler Dr., Ste 450
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
West Palm Beach, FL 33401
- (b) 501 S. Flagler Dr., Ste 450
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
West Palm Beach, FL 33401

3. 10/16/07
Date of filing/registration in Florida
4. LC 7000105290
Document number

5. (a) Carol Berwick
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
501 S. Flagler Dr., Ste 450
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
West Palm Beach
FL 33401

- (b) Karen Childers
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
9292 Winding Woods Drive
NEW Registered Office Address:
Lake Worth
FL 33467

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DIVISION OF CORPORATIONS

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

[Signature]
Printed or typed name of signer

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 605, F.S. Or, 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.

Karen Childers
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00