

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
COSTELLO FAMILY OFFICE FLORIDA, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

10 JUN 24 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

10 JUN 24 AM 9:27

FILED

G. MCLEOD

JUN 25 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSTELLO FAMILY OFFICE FLORIDA, L.L.C.
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:

Jody Jones
Name of Person

Capstone Financial Advisors, Inc.
Firm/Company

2001 Butterfield Road, suite 1750
Address

Downers Grove, IL 60515
City/State and Zip Code

jjones@capstone-advisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jody Jones
Name of Person

at (630)

241-0833
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

INHS18 (5/08)

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10 JUN 24 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.116 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: COSTELLO FAMILY OFFICE FLORIDA, L.L.C.

2. (a) Principal office address of limited liability company: 6300 RIVERSIDE DRIVE

☐ (Note: MUST BE STREET ADDRESS) PARKLAND FL 33067

(b) Mailing address of limited liability company: 6300 RIVERSIDE DRIVE

☐ (Note: MAY BE POST OFFICE BOX) PARKLAND FL 33067

10/22/2008 3. Date of filing/registration in Florida L84000099860 4. Document number

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

Registered Agent: BISBNSMITH, JEFFREY R.

Registered Office Address: 5161 N. UNIVERSITY DRIVE, SUITE 103
CORAL SPRINGS FL 33067 US

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

NEW Registered Agent: CT Corporation System

NEW Registered Office Address: 1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

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 of a member or authorized representative of a member

Michael J. Costello

Printed or typed name of signor

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 relating 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. 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.

By: CT Corporation System Assistant Secretary
Signature of Registered Agent

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

INHS18 (05/08)

FL001-06/02000 CT System Office

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