

LO9000041533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

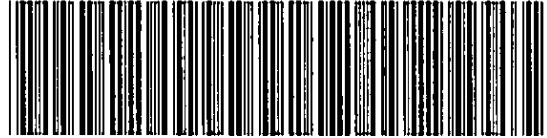
(Business Entity Name)

(Document Number)

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

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2023 MAR -6 AM 9:32

CLERK OF DISTRICT COURT  
JANUARY 2023



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2023

PHILLIP SYLVESTER  
25 ARVIDA PARKWAY  
CORAL GABLES, FL 33156

SUBJECT: SET CAPITAL, LLC  
Ref. Number: L09000041533

FILED  
2023 MAR -6 AM 9:32  
TALLAHASSEE, FL

We have received your document for SET CAPITAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

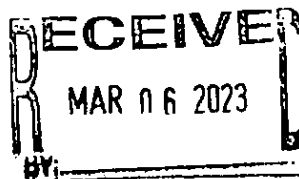
The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 823A00003961



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SET CAPITAL 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:

PHILLIP SYLVESTER

Name of Person

SET CAPITAL, LLC

Firm/Company

25 Arvida Parkway

Address

Coral Gables FL 33156

City/State and Zip Code

Ops047@AOL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILLIP SYLVESTER at ( 312 ) 718-0000

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2023 MAR -6 AM 9:32  
TALLAHASSEE, FL

**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: SET CAPITAL, LLC

2. (a) 25 Arvida Parkway (b) 25 Arvida Parkway  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Coral Gables, FL 33156 Coral Gables, FL 33156

3. 04/27/2009 4. LO9000041533  
Date of filing/registration in Florida Document number

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

3801 COLLINS AVE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

#606  
MIAMI BEACH, FL 33140

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

25 ARVIDA PARKWAY  
NEW Registered Office Address:

Coral Gables, FL 33156

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

PHILLIP SYLVESTER  
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.*

[Signature]  
Signature of Registered Agent

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TALLAHASSEE, FL