

L10000001922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

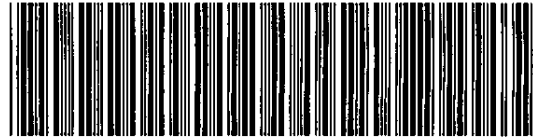
(Business Entity Name)

(Document Number)

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

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2016 OCT 21 P 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
OCT 24 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPTURE EVENTS, 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:

Carlos A. Pacheco

Name of Person

CAPTURE EVENTS, LLC

Firm/Company

328 NE 80th Terr

Address

Miami, FL 33138

City/State and Zip Code

cpacheco@capturepod.com

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

For further information concerning this matter, please call:

Carlos Pacheco

at ( 305 )

586-3594

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

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FILED

*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.*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

INHS18 (2/14)