L10000011922

(Requestor's Name)						
(Address)						
(Address)						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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FILED IN OCT 21 P 3 II SECKETARY OF STATE

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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Div	ision of Corporations						
SUBJECT:	CAPTURE EVENTS, LLC						
Schulet.	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing	g.			
Please retur	n all correspondence concerning th	is matter to the fo	ollowing:				
Carlos A.	Pacheco						
	Name of Person		_				
CAPTUR	E EVENTS, LLC						
	Firm/Company	<u> </u>	_				
328 NE 8	0th Terr						
	Address						
Miami, FL	33138			2876 SEC			
	City/State and Zip Code		_	RECRETARY			
cpacheco	@capturepod.com			21 ARY SSEE			
E-mai	address: (to be used for future ann	nual report notific	ation)	בי פר איני בי פר איני			
For further	information concerning this matter,	please call:		₩ H			
Carlos Pa	acheco	305 at (586-3594	> E			
	Name of Person		Area Code & Daytime Tel	ephone Number			
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle llahassee, 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 & 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.	Na	ame of the limited liability company: CAPTURE E	VENTS, LLC		
2.	(a)	328 NE 80th Terr	(b) 328 NE 80th Terr		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Miami, FL	Miami,	FL	
		33138-4435	33138-4435		
		02/02/2010	L10000	011922	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	tate:	
		Registered Office Address (MUST BE FLORIDA STREET)	-2016 SEC TALL		
		, FL	_	FIL MIG OCT 21 SECRETARY ALLAHASSI	
				≛ n	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	P 3: I		
		328 NE 80th Terr		ADA I	
		NEW Registered Office Address:			
		Miami , FI	33138-4435		
the age wa	cha ent v s/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identifial. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered off ability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
			Carlos A. P	acheco	
		ture of a member or authorized representative of a member		Printed or typed name of signee	
pro the to i	visi obl nere	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din whiting of this change.	ree to act in this co performance of m d for in Chapter 6 hereby confirm th	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Sig	natu	re of Registered Agent			

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