

L10000091891

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STATE OF FLORIDA
TALLAHASSEE

2011 JUN - 2 PM 4: 11

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASTUTE VENTURERS, 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:

DR. RAYMOND D. ZIPKIS
Name of Person

ASTUTE VENTURERS, LLC
Firm/Company

23237 VIA STEL
Address

BOCA RATON, FL 33433
City/State and Zip Code

RAYTOOTHDOC@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. RAYMOND D. ZIPKIS at (516) 413 5241 (Cell)
Name of Person Area Code & Daytime Telephone Number

561-362-8341 (Business)

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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2011 JUN -2 PM 4:11
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 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: ASTUTE VENTURERS, LLC.
2. (a) Principal office address of limited liability company: 23237 VIA STEL
BOCA RATON FL 33433
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 23237 VIA STEL
BOCA RATON FL 33433
(Note: **MAY BE POST OFFICE BOX**)
5-29-2011
L1000009/89/
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 State:
Registered Agent: ADAM COOPER
Registered Office Address: CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL. 32301
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Dr. RAYMOND D. ZIPKIS
NEW Registered Office Address: 23237 VIA STEL
(**MUST BE FLORIDA STREET ADDRESS**) BOCA RATON FL 33433
FL

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.

Dr. Raymond D. Zipkis
Signature of a member or authorized representative of a member

Dr. RAYMOND D. ZIPKIS
Printed or typed name of signee

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 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.

Dr. Raymond D. Zipkis
Signature of Registered Agent

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

FILING FEE: \$25.00