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(Requestor's I	Name)
(Address)	<u>.</u>
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
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(Document No	umber)
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning t	his matter to the following:				
Filippo Sellitto					
Name of Person					
Current Capital Mgt					
Firm/Company	·				
4000 Hollywood Blvd Suite 765-S					
Address					
Hollywood Florida 33021					
City/State and Zip Code					
f.sellitto@bellnet.ca					
E-mail address: (to be used for future an	nual report notification)				
For further information concerning this matte	r, please call:				
Todd Nepola	954 966-8181				
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 followin	g amount:				
☑ \$25 Filing Fee	☐ \$55 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.

	ome of the limited liability company:	uare LLC	
(a)		(b)	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4000 Hollywood Blvd Suite 765-S		
	Hollywood Florida 33021		
	6/7/2012	L12	000076242
	Date of filing/registration in Florida	4.	Document number
(a)	Jeff Tomberg		
(a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept	. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS)	
	525 SE 6th Ave		50 TO
	Delray Beach , FL	33484	PR 24 M 8: 57
			—————————————————————————————————————
(b)	Enter name of NEW Registered Agent and/or NEW Registered	()fG	
	Enter hanc of the wegistered Agent and/or NEW Registered	Conice address:	
	Todd T Nepola		整 型 2.1
	NEW Registered Office Address:	- ,	
	4000 Hollywood Blvd Suite 765-S		
	Hollywood	33021	
ent w s/we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member of a	the registered bility compar f the limited I limited liabili	I office and the business office of the register ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company. Printed or typed name of signee

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

INTUCTO (2/1)