

LIB000064105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

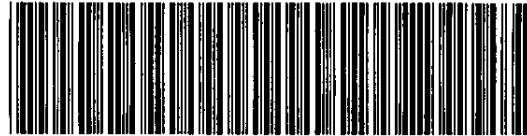
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 OCT 24 PM 1:49
CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2013

D EPSTEIN
335 E LINTON BLVD STE B-14 832111
DELRAY BEACH, FL 33483

SUBJECT: SET EVOLUTION LLC
Ref. Number: L13000064105

We have received your document for SET EVOLUTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 713A00023931

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 24 PM 1:49

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SET EVOLUTION 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:

D Epstein

Name of Person

SET Evolution LLC

Firm/Company

335 E Linton Blvd Ste B-14 832111

Address

Delray Beach, FL 33483

City/State and Zip Code

danetrane@icloud.com

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

For further information concerning this matter, please call:

D Epstein

Name of Person

at (888) 5027511

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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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: SET EVOLUTION LLC

2. (a) Principal office address of limited liability company: 335 E LINTON BLVD
(Note: MUST BE STREET ADDRESS) SUITE B-14 832111
DELRAY BEACH, FL 33483

(b) Mailing address of limited liability company: PO BOX 832111
(Note: MAY BE POST OFFICE BOX) DELRAY BEACH, FL 33483

05/01/2013 L13000064105

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: DANE EPSTEIN

Registered Office Address: 7999 N FEDERAL HWY STE 403
BOCA RATON, FL 33487

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

NEW Registered Agent: D EPSTEIN

NEW Registered Office Address: 335 E. LINTON BLVD
(MUST BE FLORIDA STREET ADDRESS) SUITE B-14 832111
DELRAY BEACH, FL 33483

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

D EPSTEIN

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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00