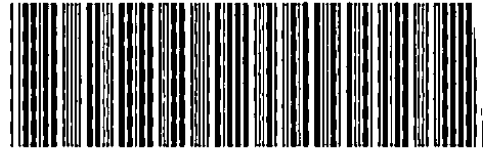


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2019 OCT 24 01:05:00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Y SULKER  
OCT 25 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2019

CATHERINE CAPOVILLA LLC  
39 LANCASTER RD  
516  
BOYNTON BEACH, FL 33426

SUBJECT: CATHERINE CAPOVILLA LLC  
Ref. Number: L14000097601

We have received your document for CATHERINE CAPOVILLA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 119A00020867

RECEIVED  
2019 OCT 21 10:17

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Catherine Capovilla LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Capovilla  
Name of Person

Catherine Capovilla LLC  
Firm/Company

10400 S. GARDENS DR #201  
Address

PSUM BEACH GARDENS, FL 33418  
City/State and Zip Code

Catherine Capovilla @ icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Capovilla at ( 786 ) 457-8599  
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF 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, Florida.

1. Name of the limited liability company: Catherine Capovilla LLC  
 2. (a) 10400 S. Gardens Dr #201 Palm Beach Gardens, FL (b) 33418 Same  
 Principal office address of limited liability company: Mailing address of limited liability company  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE)

3. 6/18/14 Date of filing/registration in Florida 4. L14000092601 Document number

5. (a) Kristi Ungreen  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

105 NE 183 St  
Miami, FL 33179

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

10400 S. Gardens Dr #201  
 NEW Registered Office Address:

Palm Beach Gardens, FL 33418

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2019 OCT 24 PM 3:06

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a 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 was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member: Catherine Capovilla  
 Printed or typed name of signatory: Catherine Capovilla

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being, 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 of Registered Agent: [Signature]

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