

L14000145822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

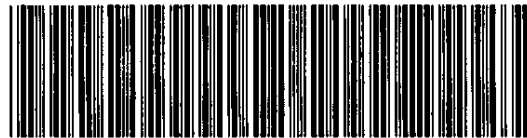
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TALLAHASSEE, FLORIDA

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S Warren

SEP 06 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

RENAUD MARIOTTI
20191 NE 16TH PLACE
MIAMI, FL 33179

SUBJECT: FIVETOWER LLC
Ref. Number: L14000145822

We have received your document for FIVETOWER 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 916A00017570

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIVETOWER LLC
Name of Corporation

DOCUMENT NUMBER: L14000145822

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENAUD MARIOTTI
Name of Contact Person

FIVETOWER LLC
Firm/Company

20191 NE 16TH PLACE, MIAMI
Address

MIAMI, FL 33179
City/State and Zip Code

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

For further information concerning this matter, please call:

RENAUD MARIOTTI at (954) 274 8768
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 605.011 and 605.016, 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: FINETOWER LLC
2. (a) 20191 NE 16th Place (b) 20191 NE 16th Place
Director's office address of limited liability company Mailing address of limited liability company
(Note: Must be P.O. Box 1001100) (Note: Must be P.O. Box 1001100)
MIAMI, FL 33179 MIAMI, FL 33179
3. 09/17/2014 4. L14000145822
Date of filing/registration in Florida Document number
5. (a) HARRY CATTON
Registered Agent and Registered Office shown on the records of the Florida Dept. of state
2750 N. 29th Ave Suite 126
Registered Office Address MIAMI, FL 33125
- HOLLYWOOD FL 33020
- (b) FUOCO GROUP LLC John Joel Mason
Registered Agent and Registered Office shown on the records of the Florida Dept. of state
123 NW 13 Street Suite 213
Registered Office Address
J.MASON@Fuoco.COM
- Boca Raton FL 33432

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 a 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 of a director, officer or authorized representative of a member

Bernard Moriotti

Printed or typed name of signer

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 laws 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 605, F.S. Or, if this document is being filed
to merely effect a change in the registered office address, I hereby confirm that the limited liability company has been
notified pursuant to this chapter.

Signature of the registered agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$15.00

INUSE 12/05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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