

L14000173109

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SECRETARY OF STATE
ALBANY, NEW YORK

S Warren

DEC 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2016

TARA WOOD
CAPITAL LAW GROUP PLLC
2000 GLADES RD, SUITE 312
BOCA RATON, FL 33431

SUBJECT: CAPITAL LAW GROUP, PLLC
Ref. Number: L14000173109

We have received your document for CAPITAL LAW GROUP, PLLC 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 LIMITED PARTNERSHIP - LP, 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: 216A00026599

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Law Group PLLC
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:

Tara Wood
Name of Person

Capital Law Group PLLC
Firm/Company

2000 Glades Road, Ste 312
Address

Boca Raton, FL 33431
City/State and Zip Code

twood@capitalawgrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARA WOOD at (561) 864-3371
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

already
sent \$35⁰⁰

**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.

1. Name of the limited liability company: Capital Law Group PLLC
2. (a) 2000 Glades Road, Ste 312 (b) 2000 Glades Road, Ste 312
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Boca Raton, FL 33431 Boca Raton, FL 33431
3. 11/14/15 Date of filing/registration in Florida 4. L14000173109 Document number
5. (a) Corporate Creations Network
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1800 N. Military Trail - Suite 170
Boca Raton, FL 33431

(b) TARA WOOD

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

2000 Glades Road, Suite 312
NEW Registered Office Address:
Boca Raton FL 33431

_____, 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.

Signature of a member or authorized representative of a member

TARA WOOD
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 605, 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 of Registered Agent

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