

L160000009891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

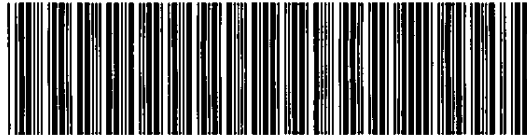
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 11 PM 1:28
STATE OF FLORIDA
DEPARTMENT OF REVENUE

OCT 12 2016

WALKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2016

EDWARD LOVETTE
340 ROYAL POINCIANA WAY SUITE 317-231
PALM BEACH, FL 33480

SUBJECT: LIQUIDCAPVENTURES LLC
Ref. Number: L16000009891

We have received your document for LIQUIDCAPVENTURES 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):

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 516A00020887



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LiquidCAP VENTURES 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:

Edward Lovett

Name of Person

LiquidCAP VENTURES LLC

Firm/Company

340 Royal POINCIANA WAY # 317-231

Address

Palm beach, FLA 33480

City/State and Zip Code

Ed@LiquidCAPVENTURES.COM

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

2017 OCT 11 AM 11:39
FILED

For further information concerning this matter, please call:

Ed Lovett

Name of Person

at (347) 291-1593

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 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: LiquidCAP VENTURES LLC.

2. (a) 340 ROYAL POINCIANA WAY (b) 340 ROYAL POINCIANA WAY
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Palm Beach FLA 33480 Palm Beach FLA 33480
Suite - 317-231 Suite 317-231

3. 1/20/16 Date of filing/registration in Florida 4. L16000009891 Document number

5. (a) BUSINESS Filings INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 South Pine Island Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FLA 33324
_____, FL _____

(b) Edward Lovett
Enter name of NEW Registered Agent and/or NEW Registered Office address:
340 ROYAL POINCIANA WAY
NEW Registered Office Address:
Suite # 317-231
Palm Beach, FL 33480

FILED
16 OCT 11 PM 1:29
TALLHASSEE, FLORIDA

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 Edward Lovett 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]
Signature of Registered Agent