

L16 0000 12702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

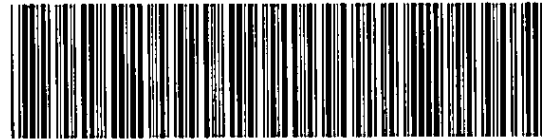
(Business Entity Name)

(Document Number)

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2022 JUN -6 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Got Capital 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:

Darrell Richardson  
Name of Person

Got Capital LLC  
Firm/Company

4780 NW 20 ST  
Address

Lauderhill FL 33313  
City/State and Zip Code

Gotcapital4@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Simmonds at ( 904 ) 405 - 4208  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*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.*



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

(b) Darrell Richardson  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
4780 NW 20 ST  
Lauderhill, FL 33313  
**NEW Registered Office Address:**

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SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FL

Signature of a member or authorized representative of a member SANDRA SIMMONDS  
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