

**L17000073052**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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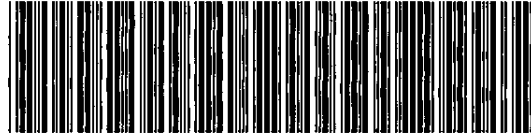
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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APR 12 2017  
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TALLAHASSEE, FLORIDA  
17 APR 11 PM 4:01

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUATRO 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:

CAROLYN FAIRRISS THOMAS

Name of Person

CUATRO VENTURES, LLC

Firm/Company

242-1/2 10TH AVE NE, APT A

Address

ST PETERSBURG, FL 33701

City/State and Zip Code

carolynfthomas@gmail.com

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

For further information concerning this matter, please call:

Carolyn Thomas at (469) 733-8383  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 11 PM 4:01

**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: CUATRO VENTURES, LLC

2. (a) <u>242-1/2 10TH AVE NE</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> ) <u>APT A</u> <u>ST PETERSBURG, FL 33701</u>	(b) <u>242-1/2 10TH AVE NE</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>APT A</u> <u>ST PETERSBURG, FL 33701</u>
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3. <u>MARCH 31, 2017</u> Date of filing/registration in Florida	4. <u>L17000073052</u> Document number
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5. (a) UNITED STATES CORPORATION AGENTS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 WINDING OAK COURT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
A  
TAMPA, FL 33612

(b) CAROLYN FAIRRISS THOMAS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

242-1/2 10TH AVE NE  
NEW Registered Office Address:  
APT A  
ST PETERSBURG, FL 33701

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 11 PM 4:01

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.

Carolyn Fairris Thomas  
Signature of a member or authorized representative of a member

CAROLYN FAIRRISS THOMAS  
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.*

Carolyn Fairris Thomas  
Signature of Registered Agent

## *Certified Copy*

I certify the attached is a true and correct copy of the Articles of Organization of CUATRO VENTURES, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on March 31, 2017, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L17000073052.

Authentication Code: 170404143955-400297418204#1

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 11 PM 4:01

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Fourth day of April, 2017



*Ken Detzner*  
Ken Detzner  
Secretary of State

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L17000073052  
FILED 8:00 AM  
March 31, 2017  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:  
CUATRO VENTURES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
242 1/2 10TH AVE. NE  
A  
ST. PETERSBURG, FL. US 33701

The mailing address of the Limited Liability Company is:  
242 1/2 10TH AVE. NE  
A  
ST. PETERSBURG, FL. US 33701

**Article III**

The name and Florida street address of the registered agent is:  
UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL. 33612

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CHEYENNE MOSELEY, US CORP. AGENTS

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 APR 11 PM 4:01

#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
CAROLYN F THOMAS  
242 1/2 10TH AVE. NE #A  
ST. PETERSBURG, FL. 33701 US

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FILED 8:00 AM  
March 31, 2017  
Sec. Of State  
jafason

Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED  
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TALLAHASSEE, FLORIDA  
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