

217000130642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

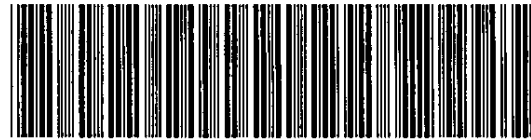
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA Sign

Office Use Only



300309006483

02/13/18--01010--001 **25.00

FILED
18 MAR - 1 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 01 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2018

BRAD RIVERA
2624 NE 32ND STREET, SUITE 105
FORT LAUDERDALE, FL 33306

SUBJECT: I CRAFT VINYL LLC
Ref. Number: L17000130642

We have received your document for I CRAFT VINYL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 018A00003272

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iCraft Vinyl, 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:

Brad Rivera
Name of Person

iCraft Vinyl, LLC
Firm/Company

2624 NE 32nd St, ste 105,
Address

Fort Lauderdale, FL 33306
City/State and Zip Code

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

For further information concerning this matter, please call:

Kyle Catinella at (561) 654-3482
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

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: iCraft Vinyl

2. (a) 2624 NE 32nd St, STE 105 (b) 2624 NE 32nd St, STE 105

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Fort Lauderdale, FL 33306

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Fort Lauderdale, FL 33306

6/15/17

L17000130642

3. Date of filing/registration in Florida

4. Document number

5. (a) Brad Rivera

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2624 NE 32nd St, STE 105

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Fort Lauderdale, FL 33306

(b) Kyle Catinella

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

2624 NE 32nd St, STE 105

NEW Registered Office Address:

Fort Lauderdale, FL 33306

FILED
18 MAR - 1 PM 29
TALLAHASSEE, 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 of a member or authorized representative of a member

Brad Rivera

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