Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000328774 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC REGISTERED AGENT CHANGE FARINOLE CAPITAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

8107 8

-7

COVER LETTER

TO: Registration Section Division of Corporations					
FARINOLE CAPITAL LLC					
SUBJECT: Name of Limited Liability Company					
Dear Sir or Madam:					
	and favor are submitted for filling				
The enclosed Registered Agent/Registered Office Change					
Please return all correspondence concerning this matter to	he following:				
Cheyenne Moseley					
Name of Person					
Legalzoom.com, Inc.					
Firm/Company					
101 N. Brand Blvd., 10th Floor					
Address					
Glendale, CA 91203					
City/State and Zip Code					
luis.palazzi@yahoo.com					
E-mail address: (to be used for future annual report n	otification)				
For further information concerning this matter, please call					
Cheyenne Moseley 800	773-0888 ext 9724				
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	3 \$55 Filing Fee & Certified Copy				

4NHS18 (2/14)

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.

. Na	me of the limited liability company: FARINOLE C				
l. (a)	495 Brickell Ave., Apt. 1201	(b)	(b) 495 Brickell Ave., Apt. 1201		
(4)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	_ (")	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Miami, FL 33131		Miami, FL	_ 33131	
			 		
	01/29/2018	Ĺ	1800002	4548	
3.	Date of filing/registration in Florida	4.	ī	Document number	
5. (a)	Luis M. Palazzi				
). (a)	Registered Agent and Registered Office shown on the records of	the Florida l	Jept, of State	Propries	
	495 Brickell Ave., Apt. 1201				
	Registered Office Address (MUST BE FLORIDA STREET	4DDRESS)		2919 NOV -7	
	Miami , FI	33131			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
	UNITED STATES CORPORATION AGENT	rs, INC.			
	NEW Registered Office Address:				
	5575 S. Semoran Blvd., Suite 36				
	Orlando FE	32822			
the cha agent v	imited liability company is not organized under the laininge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization of the operating agreement of the	aws of the fine registiability coror of the limited li	tered office upany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Vi	nure of a member or authyrized representative of a member		1VI. 1 did2	Printed or typed name of signee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I din writing of this change. CHEYENNE MOSELEY, ASSISTANT SECRETAL STATES CORPORATION AGENTS, INC.	e performo ed for in C hereby co	uce oj my a Janter 603	ncity. I further agree to comply with the futies, and I am familiar with and accep F.S. Or if this document is being filed	