

L18 000 115454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

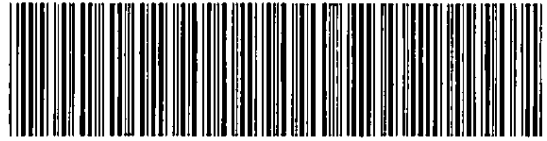
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR 12 2024

Office Use Only



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RECEIVED
2024 MAR 11 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
24 MAR 11 AM 9:03
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com
Ext:
Date: 03/05/24
Order #: 1439831-1
Re: Book Capital Enterprises, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office
Check in the amount of \$35.0: I20000000195
AUTH

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the word "AUTH".

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOOK CAPITAL ENTERPRISES 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:

Robert H. Book

Name of Person

Book Capital Enterprises, LLC

Firm/Company

350 E. Las Olas Blvd. Unit #960

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

bbook@bookcapitalnet.com

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

For further information concerning this matter, please call:

Melinda Rosen

at (312) 346-7686

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

**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: BOOK CAPITAL ENTERPRISES LLC

2. (a) 350 S. Las Olas Boulevard, Suite 960 (b) 350 S. Las Olas Boulevard, Suite 960

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Fort Lauderdale, FL 33301

Fort Lauderdale, FL 33301

05/08/2018

L18000115454

3. Date of filing/registration in Florida

4. Document number

5. (a) Steven A. Sciarretta, Esq.

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

2799 NW Boca Raton Blvd., Suite 203

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, Florida 33431

, FL

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

Robert H. Book

NEW Registered Office Address:

350 E. Las Olas Blvd. Unit #960

Fort Lauderdale, FL 33301

FILED
24 MAR 11 AM 9:03
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN 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.

Robert H. Book
Signature of a member or authorized representative of a member

Robert H. Book Manager

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.

Robert H. Book
Signature of Registered Agent

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

FILING FEE: \$25.00 CSC COA-2607

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