## 418000115454

(Red	questor's Name)				
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5. HUNT 53/18/24



CSC - Tallahassee CSC 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 mustere

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**

INHS18 (2/14)

TO:	Registration Section Division of Corporations	
SUBJ	BOOK CAPITAL ENTERPRISES LLC	
		Limited Liability Company
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered Office Cha	hange and fee(s) are submitted for filing
i ile ei	iciosed Registered Agent Registered Office Cité	marge and rec(s) are submitted for fining.
Please	return all correspondence concerning this matter	tter to the following:
Rober	t H. Book	
	Name of Person	<del></del>
Book	Capital Enterprises, LLC	
	Firm/Company	
350 E	. Las Olas Blvd. Unit #960	
	Address	
Fort L	auderdale, FL 33301	ASSET
	City/State and Zip Code	AH 10: 50 SEE, FL
bbook	@bookcapitalnet.com	7. 50 50
E	E-mail address: (to be used for future annual rep	eport notification)
For fu	rther information concerning this matter, please	se call:
Melino	da Rosen	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	unt:
	□ \$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.

I. Na	ame of the limited liability company: BOOK CAPITAL	. ENTE	RPRI	RISES LLC
2. (a)	350 S. Las Olas Boulevard, Suite 960	(	b)	350 S. Las Olas Boulevard, Suite 960
<b>-</b> . (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	· · /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Lauderdale, FL 33301		Fo	Fort Lauderdale, FL 33301
	05/08/2018	<del></del> -	L18	.18000115454
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Steven A. Sciarretta, Esq.			
·· ( <del>-</del> )	Registered Agent and Registered Office shown on the records of 2799 NW Boca Raton Blvd., Suite 203	the Florio	la Dep	rept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	<u> 1DDRES</u>	<u>S)</u>	
	Boca Raton, Florida 33431			
	, FL			
	, , , ,	'		
(b)				$\mathcal{GP}$
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddres	
	Robert H. Book			AM IO: 50 OF STATE SEE, FL
	NEW Registered Office Address:			
	350 E. Las Olas Blvd. Unit #960			
	Fort Lauderdale , FL	33301		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility c f the lir	ed of omparited	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Xr	Xrhold Kort		bert l	t H. Book Manager
7	ture of a member authorized representative of a member			Printed or typed name of signee
provisi be obl o meri	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h fin whiting of this change.	ee to ac perform I for in sereby c	t in ti ance Chap onfir	this capacity. I further agree to comply with to ce of my duties, and I am familiar with and acc apter 605, F.S. Or, if this document is being fil firm that the limited liability company has been