

2190000 98341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

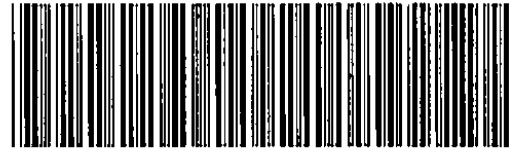
(Business Entity Name)

(Document Number)

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SEP 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEEDFUNDERS CAPACITECH FUND, 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:

DAVID CHITESTER

Name of Person

SEEDFUNDERS CAPACITECH FUND, LLC

Firm/Company

501 1ST AVE N, STE 901

Address

ST PETERSBURG, FL 33701

City/State and Zip Code

DAVE@CHITESTER.COM

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

For further information concerning this matter, please call:

DAVE CHITESTER

at (813)

335-0322

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
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 Florida.

1. Name of the limited liability company: SEEDFUNDERS CAPACITECH FUND, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE**)

501 1ST AVE N, SUITE 901

501 1ST AVE N, SUITE 901

ST PETERSBURG, FL 33701

ST PETERSBURG, FL 33701

04/09/2019

L19000098391

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

DAVID CHITESTER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5700 MARINER STREET, #602

TAMPA, FL 33609

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

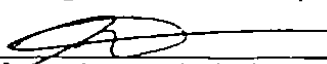
DAVID CHITESTER

NEW Registered Office Address:

501 1ST AVE N, SUITE 901

ST PETERSBURG, FL 33701

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the company 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

Jonah Hanowitz
Printed or typed name of signer

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability company notified in writing of this change.

David Chitester

Signature of Registered Agent