

L22 00000 2269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

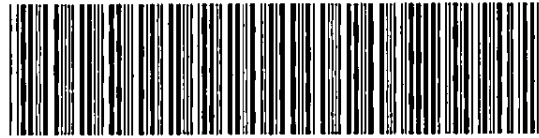
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 NOV 27 PM 2:13

RECEIVED

2023 NOV 27 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 11/27/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1200460

ORDER ENTITY
EXCELERATE VENTURES LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

EXCELERATE VENTURES LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exceelerate Ventures 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:

Sapphire Marquez

Name of Person

SunDoc Filings

Firm/Company

7801 Folsom Blvd Ste 202

Address

Sacramento CA 95826

City/State and Zip Code

dgoldin@capify.com

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

For further information concerning this matter, please call:

David Goldin

212

779-2528

at ()

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