

L22000490846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

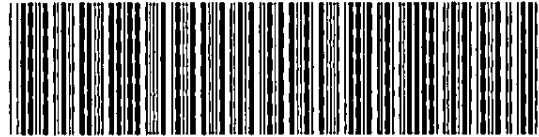
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AB

Office Use Only



200396226572

RECEIVED

2022 DEC 19 AM 8:55

RECEIVED

RECEIVED

2022 DEC 19 PM 4:25

RECEIVED

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DEC 20 2022



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/19/2022

Name: Janelle Davis

Reference #: 1863179

Entity Name: ESQUERETE FINANCIAL LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: Janelle Davis



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/19/2022

Name: Janelle Davis

Reference #: 1863179

Entity Name: ESQUERETE FINANCIAL LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: Janelle Davis

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Esquerete Financial 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:

Jose Esquerete

Name of Person

Esquerete Financial LLC

Firm/Company

1401 Forum Way Suite 210

Address

West Palm Beach, FL 33401

City/State and Zip Code

jose@esqueretefinancial.com

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

For further information concerning this matter, please call:

Jose Esquerete

Name of Person

at (561)

261-7292

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 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: Esquerete Financial LLC
2. (a) 1401 FORUM WAY
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 210
WEST PALM BEACH, FL 33401
- (b) 1401 FORUM WAY
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite 210
WEST PALM BEACH, FL 33401
3. 11/16/2022
Date of filing/registration in Florida
4. L22000490846
Document number
5. (a) ESQUERETE, JOSE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1401 FORUM WAY
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
SUITE 210
WEST PALM BEACH, FL 33401
- (b) COGENCY GLOBAL INC.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
115 North Calhoun Street, Suite 4
NEW Registered Office Address:
Tallahassee, FL 32301

FILED
2022 DEC 19 AM 8:55
TALLAHASSEE
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.

[Signature]
Signature of a member or authorized representative of a member

Jose Esquerete
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 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.

Lauren Thorne Assistant Secretary
Signature of Registered Agent