

L23000315633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

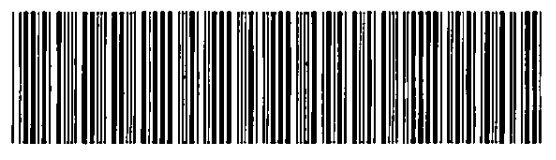
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 SEP 16 AM 5:11  
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06/18/24--01015--010 \*\*35.00

SEP 17  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2024

EVADE LLC  
ETTORE VULCANO  
1900 N BAYSHORE DR, APT 4412  
MIAMI, FL 33132

AUG 16 2024

SUBJECT: EVADE LLC  
Ref. Number: L23000315633

We have received your document for EVADE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 824A00015784

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:           EVADE 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:

          ETTORE VULCANO            
Name of Person

          EVADE LLC            
Firm/Company

          916 MILAN AVE            
Address

          MIAMI FL 33134            
City/State and Zip Code

          ETTORE VULCANO MD @ GMAIL.COM            
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

          ETTORE VULCANO           at ( 443 ) 600 2655  
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: EVADÉ LLC

2. (a) 1900 N BAYSHORE DR (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
APT 4412  
MIAMI FL 33132

3. 7/3/23 4. L23000315633  
 Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)  
476 Riverside Ave  
Jacksonville, FL 32202

(b) ETTORE VULCANO  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
916 MILAN AVE  
**NEW Registered Office Address:**  
MIAMI FL 33134  
 \_\_\_\_\_, FL \_\_\_\_\_

2024 APR 16 AM 5:41  
 FILED IN REGISTRATION

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 of a member or authorized representative of a member

\_\_\_\_\_  
 ETORE VULCANO  
 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.*

\_\_\_\_\_  
 Signature of Registered Agent