

M110000000004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

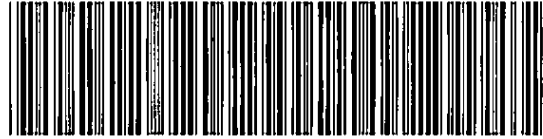
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Signing Officer:

J. HORNE
NOV 16 2021

Office Use Only



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11/16/21--01301--012 **55.00

FILED

2021 NOV 16 AM 3:12

RECEIVED

2021 NOV 16 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COIT Capital Consulting LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francis Coit DeVolf
Name of Person

COIT Capital Consulting LLC
Firm/Company

76 4th ST N Suite 2140
Address

ST Petersburg FL 33701
City/State and Zip Code

Francis Coit DeVolf at Gmail
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francis C. DeVolf at (202) 359-3808
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
• AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

2021 NOV 16 AM 3:12

SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CoIT Capital Consulting LLC

Enter new principal office address, if applicable:

(Principal office address)

MUST BE A STREET ADDRESS

76 4th ST N Suite 2140
ST Petersburg FL 33701

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

Same as

2. The Florida document number of this limited liability company is:

M1 0000000040

3. Jurisdiction of its organization:

DE

4. Date authorized to do business in Florida:

12/29/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Francis Coit doWolfe

New Registered Office Address:

76 4th ST N Suite 2140

Enter Florida Street Address

ST Petersburg
City

Florida 33701
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

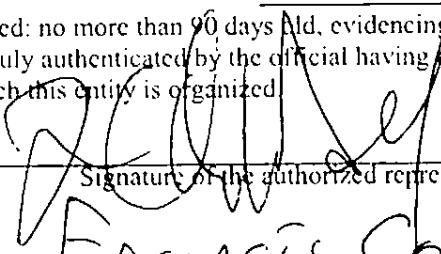
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Gov	Mathie deWolf	304 21st Aven ST Petersburg FL 33704	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized



Signature of the authorized representative

Francis Colt deWolf III

Typed or printed name of signee

Filing Fee: \$25.00