

**M12000003640**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

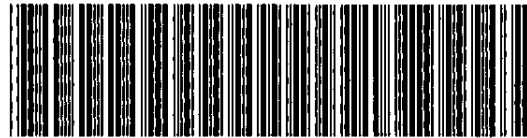
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



**600238191176**

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12 AUG 10 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
AUG 13 2012  
EXAMINER

*LAW OFFICES*  
**Michael Lapat**

3300 University Drive  
Suite 311  
Coral Springs, Florida 33065  
(954) 345-6442  
(954) 344-0288 (Fax)

221 North La Salle Street  
Suite 1137  
Chicago, Illinois 60601  
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*Please Reply to Florida Office*

Michael Lapat  
admitted to Practice in:  
Florida, Illinois & New York  
[mlapat@nysbar.com](mailto:mlapat@nysbar.com)

August 7, 2012

Florida Secretary of State  
Division of Corporations  
2661 W Executive Center Circle  
PO Box 6327  
Tallahassee, FL 32314

<b>RE:</b>	<b><u>CIVOG HOLDINGS, LLC</u></b>	
	<b>Foreign LLC Amendment</b>	<b>\$ 55.00</b>
	<b><u>CIVOG FAMILY, LLC</u></b>	
	<b>LLC Amendment</b>	<b>\$ 55.00</b>

Dear Sir or Madam,

Please find enclosed herewith entity formation documents for the above-referenced entities. Accompanying these submissions is a **check in the sum of \$110.00** representing the filing fees for these formations.

Please file the foregoing as appropriate and return to this office file-stamped/certified copy of same as receipt thereof.

Regards,

  
Julie Hancock

enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CIVOG HOLDINGS, 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:

MICHAEL LAPAT

Name of Person

LAW OFFICE OF MICHAEL LAPAT

Firm/Company

3300 UNIVERSITY DRIVE, SUITE 311

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

JULIEH@LAPATLAW.COM

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

For further information concerning this matter, please call:

JULIE HANCOCK

Name of Person

at ( 954 )

345-6442

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 608.416 or 608.508, 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: CIVOG HOLDINGS, LLC

2. (a) Principal office address of limited liability company: 1819 MAIN STREET, SUITE 106

**(Note: MUST BE STREET ADDRESS)**

SARASOTA FL 34236

(b) Mailing address of limited liability company:

1819 MAIN STREET, SUITE 106

**(Note: MAY BE POST OFFICE BOX)**

SARASOTA FL 34236

06-25-2012

M12000003640

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

ANN MARIE GOVIC

Registered Office Address:

4064 FOUNDERS CLUB DRIVE  
SARASOTA FL 34240

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

**NEW** Registered Agent:

MARIO GOVIC

**NEW** Registered Office Address:

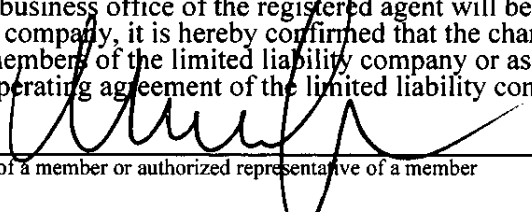
**(MUST BE FLORIDA STREET ADDRESS)**

1819 MAIN STREET

SUITE 106

SARASOTA, FL 34236

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

MARIO GOVIC

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 608, 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

MARIO GOVIC

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00