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SET CAPITAL HOLDINGS LLC

TYPE OF FILING: CHANGE OF AGENT

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abbiettook

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

۱.	Nar	ne of the limited liability company:	SET CAPITAL HOLDING	stic			
2.	(a)	Principal office address of limited li (Note: MUST BE STREET ADD	iability company: ( <i>RENS</i> )	3801 COLLINS AVE # 608 MINNI BEACH, F	L 35410		
	(b)	Mailing address of limited liability (Note: MAY BE POST OFFICE		3801 COLLINS AVE IF 005 MIAMI BEACH, F	1.33410 34-17-1 37-17-2	<u> </u>	
		,			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	6	
7/9		6.71	<del></del> -	M13000004321		<del></del> `	:
3.	Dat	te of filing/registration in Florida	4	I. Document number	対抗に		•
5. (	(a)	Registered Agent and Registered C	Office shown on the	ne records of the Florida Dept.	of State	:: 15	1
		Registered Agent:		CORPORATE CREATIONS NETWORK, INC.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<del></del>	
		Registered Office Address:		11380 PROSPERITY FARMS ROAD #221E	\$13****		
		•		PALM BEACH GARDENS, FL 33410			
		NEW Registered Office Address: (MUST BE FLORIDA STREET)	ADDRESS)	155 Office Plaza Dr	ive		
				Tallahussee	.FL3	32301	
th th	onfir od th abili e m e op	limited liability company is not orgationed that after the change or changes to business office of the registered at ty company, it is hereby confirmed the embers of the limited liability companerating agreement of the liability companerating agreement of the liability companeratin	s are made, the Fl gent will be identi hat the change(s) my or as otherwishility company.	orida street address of the regi- cal. Or, in the case of a Florid was/were authorized by an aff	stered of la limite irmative	Mice d vote of	
21	gunun	re of a member or authorized representative of a	member				
_		Sylvanter, Marrigor		_			
I co ar Ca ac	here inipl na I napi lare	or typed name of signee  eby accept the appointment as regist by with the provisions of all statutes i  am familiar with and accept the obli- fer 605, F.S. Or, if this document is  ss, I hereby confirm that the limited  where by confirm that the limited  where by confirm that the limited  where by confirm that the limited	ered agent and a relative to the pro- igations of my po- being filed to me- liability company	gree to get in this capacity. I f per and complete performanc sition as registered agent as pi rely reflect a change in the reg chas been notified in writing o	urther a e of my rovided istered i f this ch	igree to duties, for in office lange.	
		District con it		** ** ** ***			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)