

M21 00000 1000

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

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

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

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

PICK-UP     WAIT     MAIL

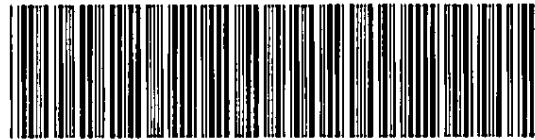
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



900371338259

08/09/21--01024--029    \*\*35.00

SEARCHED  
INDEXED  
FILED  
RECORDED  
SERIALIZED  
STATE  
TAKEN  
SUBSEE, ET

FILED

2021 AUG - 9 AM 10:57

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WOLFE CAPITAL, 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:

Joshua Ginter

Name of Person

GLOBAL VIRTUAL AGENT SERVICES, INC.

Firm/Company

651 N Broad Street, Suite 308

Address

Middletown, DE, 19709

City/State and Zip Code

compliance@agilelegal.com

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

For further information concerning this matter, please call:

Joshua Ginter 302 376-6710  
Name of Person at ( ) 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: WOLFE CAPITAL, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:  
**(Note: *MUST BE STREET ADDRESS*)** Mailing address of limited liability company:  
**(Note: *MAY BE POST OFFICE BOX*)**

134 SEVILLE RD.

---

134 SEVILLE RD.

---

01/26/2021

M2100001000

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  
GLOBAL VIRTUAL AGENT SERVICES, INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
5702 TANGERLAKE RD.  
LITHIA, FL 33547

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

## GLOBAL VIRTUAL AGENT SERVICES, INC.

**NEW Registered Office Address:**

1408 Harbour Walk Rd.

Tampa \_\_\_\_\_, FL 33602

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.

Joshua Cinter

Printed or typed name of signee

John Doe  
Signature of a member or authorized representative of a member

*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.*

John G. Stotz  
Signature of Registered Agent

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