#1/000/03420

(Requestor's Name)			
(Address)			
. (Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Consideration to Elling Officer			
Special Instructions to Filing Officer:			

Office Use Only



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EXAMINER

OCT 14 2011

COVER LETTER

TO:	Registration Section Division of Corporations	
SUR	ECT:	Delos Capital Management, LLC
SUBJECT.		Name of Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/R	gistered Office Change and fee(s) are submitted for filing.
Please	e return all correspondence of	oncerning this matter to the following:
	Michelle Schwe	nneker
	Name of Person	
	Registered Agent	Pros, LLC
		•
	N9526 Hagen	Road
	Address	
	Hixton, WI 5	1635
	City/State and Zip	ode
(For this filing:	cc.coop For Annual Report: nual report notification) Le eric_barelka@yahoo.com
E-	schwenneker@ mail address: (to be used for future a	nual report notification) eric_barelka@yahoo.com
For fu	rther information concerning	
	Michelle Schwenneke	at (715) 984-5202
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDI	ESS: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
	Tallahassee, Florida 32301	Tunanassoo, 1 toriag 52514
	Enclosed is a check for th	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:	elos Capital Management, LLC			
2. (a) Principal office address of limited liability comp	pany: 1010 1st Street SE, Suite 220			
(Note: MUST BE STREET ADDRESS)	Bandon, Oregon 97411			
(b) Mailing address of limited liability company:	P.O. Box 959			
(Note: MAY BE POST OFFICE BOX)	Coos Bay, Oregon 97420			
October 4, 2010	L10000103420			
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:	Corporate Access, Inc.			
Registered Office Address:	236 E. 6th Ave. Tallahassee, FL 32303			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>				
NEW Registered Agent:	Registered Agent Pros, LEG			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7609 Greystone Drive			
MUSI BE PLORIDA STREET ADDRESS	Bayonet Point ,FL34667			
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				
Eric Barelka, Member Manager Printed or typed name of signee				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.			
Keichelle Schrenneller				

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

Signature of Registered Agent