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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE
Account Number : I20080000054
Phone : (949)955-9585
Fax Number : (800)562-6504

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
CAP IV RIVER VIEW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAP IV RIVER VIEW, 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:

NICOLE PARNELL
Name of Person

NRAI CORPORATE SERVICES, INC.
Firm/Company

2875 MICHELLE DRIVE, SUITE 100
Address

IRVINE, CA 92606
City/State and Zip Code

macs@nrai.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE PARNELL at (800) 562-6439
Name of Person 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: CAP IV RIVER VIEW, LLC

2. (a) Principal office address of limited liability company: 275 BATTERY STREET

(Note: MUST BE STREET ADDRESS) SUITE 500
SAN FRANCISCO, CA 94111

(b) Mailing address of limited liability company: 275 BATTERY STREET

(Note: MAY BE POST OFFICE BOX) SUITE 500
SAN FRANCISCO, CA 94111

10/11/2005
3. Date of filing/registration in Florida

M05000005716
4. Document number

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

Registered Agent: CT CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

NEW Registered Agent: NRAI SERVICES, INC.

NEW Registered Office Address: 515 EAST PARK AVENUE
(MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE, FL 32301

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

JOSE CASTELLANOS
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.

Nicole Choulnard **Nicole Choulnard, Assistant Secretary**
Signature of Registered Agent

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

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