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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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	02
Estimated Charge	\$25.00

SECRETARY OF STATE
ALL INFORMATION FILED

15 OCT -9 PM 4:37

RECEIVED

2015 OCT -9 A 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

10/9/15, 3:23 PM

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: CAP IV RIVER VIEW, LLC

2. (a) 275 BATTERY STREET, SUITE 500 (b) 275 BATTERY STREET, SUITE 500

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

SAN FRANCISCO, CA 94111

SAN FRANCISCO, CA 94111

10/11/2005

M05000005716

3. Date of filing/registration in Florida

4. Document number

5. (a) REGISTERED AGENT SOLUTIONS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 OFFICE PLAZA DR.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

SUITE A

TALLAHASSEE, FL 32301

(b) Corporate Creations Network Inc.

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

11380 Prosperity Farms Road #221E

NEW Registered Office Address:

Palm Beach Gardens, FL 33410

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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.

Kristine Duran, Attorney-in-Fact

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the statute 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.

Kristine Duran, Special Secretary

Signature of Registered Agent

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