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## **FILE REQUEST**

January 30, 2019

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Type of Filing:

**Change of Registered Agent** 

Subject:

CAP DEVELOPMENT COMPANY, LLC

Form(s) Enclosed:

Statement of Change of Registered Office or

**Registered Agent or Both** 

Supporting Document(s):

Check(s) Enclosed:

Check #106380 - \$25.00

Return Via:

Email / Fax & US Mail

Filing Method:

Routine

As always, thank you.

Please return to:

Carol Berg

Unisearch, Inc.

1780 Barnes Blvd. SW Tumwater, WA 98512 360-956-9500 Ext: 106

Fax: 800-531-1717

carol.berg@unisearch.com

## 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.

(a)	Principal office address of limited liability company: (Nate: MUST RE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BON)
	03/09/2000		00002694
	Date of filing/registration in Florida	4,	Document number
(a)	Corporation Service Company		
	Registered Agent and Registered Office shown on the records of	_	2018 F
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 Havs Street		i : m
	Tallahassee, FL 32301-2525 .FL		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	, 10		TIC TO
(b)	Enter name of NEW Registered Agent and/or NEW Registered		•
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	**** 30 **** 00
	NRAI Services, Inc.		
	NEW Registered Office Address:	<del></del>	
	1200 South Pine Island Road		
	Dt		<del></del>
	Plantation	33324	<del></del>
cha: ent w s/we	mited lightly company is not organized under the law nge or changes are incide, the Florida street address of ill be identical. Or in the case of a Florida limited lia refauthorized by an affirmative vote of the members of	the registered. bility company f the limited lis	office and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in
artic	cles of organization or the operating agreement of the l	imited liability	y company.
		ILP, Limited Partner, I	npeny Lt.C, a Florida Itrated liatelity company, by CAHRED Capital Afford cy Cascade Affordates Housing LLC, General Partner, by John A. Good
-	and of a member of authorized representative of a member		Printed or typed name of signee
obli nere	y accept the appointment as registered agent and agree of all statutes relative to the proper and complete in a green as provided by reflect a change in the registered agent as provided by reflect a change in the registered office address, I have the provided by the change in the registered office address. I have the provided by the change in writing of this change.	ee to act in this performance of I for in Chapte ereby confirm	capacity. I further agree to comply with the finy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
.,			
RAIS	services, Inc	λcc+ (	Cogratary

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

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