

LD1000007571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

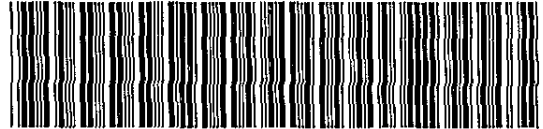
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LD1-7571

Office Use Only



900045616519

02/17/05--01004--028 **35.00

FILED
05 FEB 25 PM 2:44
STATE OF FLORIDA
TALLAHASSEE

FF \$25

2-28-05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Capital Advisory Partners, LLC
(Name of corporation)

DOCUMENT NUMBER: L010000007571

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aileen Newquist
(Name of contact person)

Capital Advisory Partners, LLC
(Firm/Company)

505 S. Flagler Drive, #1450
(Address)

West Palm Beach, FL 33401
(City/state and zip code)

For further information concerning this matter, please call:

Aileen Newquist at (561) 835-8395
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
FEB 25 PM 2:44
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 21, 2005

AILEEN NEWQUIST
CAPITAL ADVISORY PARTNERS, LLC
505 S. FLAGLER DR. #1450
WEST PALM BEACH, FL 33401

SUBJECT: CAPITAL ADVISORY PARTNERS, LLC
Ref. Number: L01000007571

We have received your document for CAPITAL ADVISORY PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is to change the registered agent of a corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 705A00011982

FILED
05 FEB 25 PM 2:44
TALLAHASSEE, FLORIDA

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. The name of the limited liability company is: Capital Advisory Partners, LLC
2. The mailing address of the limited liability company is : 505 South Flagler Dr.,
Suite 1450, West Palm Beach, FL 33401
5-14-2001 LO1000007571
3. Date of filing/registration in Florida
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Valdes Fawli Corporate Services
Name
777. South Flagler Drive, 500E
Address
West Palm Beach, FL 33401
City, State and Zip

6. The name and address of the new registered agent and/or office:

Aileen M. Newquist
Name
300 El Brillo Way
Florida street address (P.O. Box NOT acceptable)
Palm Beach FL 33480
City, State and Zip

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)

Aileen M. Newquist
(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.

✓ 
(Signature of Registered Agent)

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