

W02000003378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

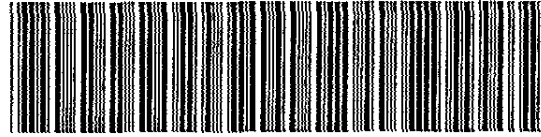
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Special Instructions to Filing Officer:

2/18 R/A Change

W02-3378

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LITCHFORD & CHRISTOPHER

PROFESSIONAL ASSOCIATION

*Attorneys and Counselors at Law*

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February 12, 2004

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

Re: CAPITAL INVESTMENTS & HOLDINGS, LLC

Gentlemen:

I am enclosing the following:

1. Limited Liability Company Reinstatement form
2. Limited Liability UBR
3. Statement of Change of Registered Office
4. Check for \$200.00 for the reinstatement fee
5. Check for \$25.00 for the Change of Registered Office fee

Please record these documents and forward to me a Certificate of Reinstatement. If you need anything further, please do not hesitate to contact me or my legal assistant, Irene Hargis.

Thank you for your assistance in this matter.

Sincerely,



Alan B. Taylor

ABT/ih  
Enclosure

**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 INVESTMENTS & HOLDINGS LLC.
2. The mailing address of the limited liability company is: 479 Holiday Drive  
Hallandale, FL 33009

February 11, 2002  
3. Date of filing/registration in Florida

L02000003378  
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:

Corporate Creations Network, Inc.  
Name  
941 Fourth Street #200  
Address  
Miami Beach, FL 33139  
City, State and Zip

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

Alan B Taylor, Esquire  
Litchford & Christopher Professional Association  
Name  
390 North Orange Avenue #2200  
Florida street address (P.O. Box NOT acceptable)  
Orlando FL 32801  
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]  
(Signature of a member or authorized representative of a member)

Omer Dror, Manager  
(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]  
(Signature of Registered Agent) Alan B. Taylor, Esquire

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