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| PICK-UP                 | ☐ WAIT ☐ MAIL          |
|                         | - Freith Name          |
| (Bu                     | siness Entity Name)    |
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| Certified Copies        | Certificates of Status |
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| Special Instructions to |                        |
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Office Use Only



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04 DEC 10 PH 4:

Maywood Capital, LLC, Inc. Aston S. Wood, Jr. CEO 1110 SW111 Terrace Davie, Florida 33324 ASWoodyMWP@aol.com 954-472-8190 Fax 305-525-0386 Phone

## To Whom it may concern;

Attached please find a copy of my EIN for Maywood Capital, LLC. Please update your records to reflect this information. It was brought to my attention by my bank that your records were lacking this relevant information.

In addition I enclosed LLC document number from the state of Florida. The \$25.00 processing fee and updated Agent/Owner/ Officer/Manager ......Statement of Change of Registered Office or Registered Agent or both for LLC....is also included.

Thank you, in advance for your prompt and timely attention to this matter.

Nom 5h

Sincerely.

Aston S.Wood, Jr. CEO

## 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 limite   | d liability company i   | s: Maywoo   | d Capital,LLC   |   |  |  |
|---|---|---|---|---|--|--|
| 2. The mailing address of   |   |   |   | errace  |  | ·                                      |
|   |   |   | Davie, Florida 3  |   | <u>-</u>   |  |
| April 1st, 2004   |   |   | L0400002502   | 27  |  |  |
| 3. Date of filing/registration in Florida   |   |   | 4. Document nu  | ımber   |  |  |
| 5. The name of the register Florida Department of   |   | gistered office   | address as shown  | on the record   | ds of the  |  |
|   | 1811 NW 63 Ave  | Name<br>nue   | <del></del>   |   |  |  |
|   | Sunrise, Florida  | Address<br>33313<br>y, State and Z  | ip .  | -<br>-  |  |  |
| 6. The name and address of the new registered agent and/or office:  |   | TAL CADAD   | 30 Y (E   | 1961  |  |  |
|   | Aston S. Wood, Jr.  |   | ÷   | <u> </u>  | 10 pm  |  |
|   | 1110 SW 111 Ter   | <del></del>   | NOT accomtable  | ·   | ) PM 4: 03                                       | * ;                                    |
|   | Davie,  | FL 3332   | 24  |   | . 03   |  |
|   | City,   | , State and Zip   | )   |   |  |  |
| Confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the operating agreement of the confirmed that the operating agreement of the confirmed that the operating agreement of the confirmed that after the clause of the confirmed that after the confirmed | the registered agent reby confirmed that the diability company of the limited liability | will be identice the change(s) who as otherwise company.                            | and street address al. Or, in the case was/were authorize provided in the a                                   | e of a Florida<br>ed by an affir<br>articles of org                             | i limited<br>rmative v<br>ganization             | ce<br>ote of<br>1 or                   |
| Aston S. Wood, Jr.  |   | Bow   | e Cominex P   | ower Acc  | ent.   |  |
| (Printed or typed name of signee)  I hereby accept the appoint comply with the provision and fam familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)  |   | agent and ag<br>ive to the propose<br>of my posi<br>g filed to mere<br>lity company | ree to act in this c<br>oer and complete p<br>ition as registered<br>ely reflect a chang<br>has been notified | apacity. I fu<br>performance<br>agent as pro<br>e in the regis<br>in writing of | rther agr<br>of my du<br>stered off<br>this char | ree to<br>ties,<br>r in<br>ice<br>ige. |

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

INHS18(10/99)

**FILING FEE: \$25.00**