## 104000052108

(Requestor's Name)
(Address)
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Tampa, FL 33607
(City/State/Zip/Phone #)
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(Business Entity Name)
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M. HODGES

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## 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:

Capaz LLC

1. The name of the limite	d liability company is:	Capaz LLC	
		npany is : 15004 Barby Av	e
Tampa, FL 33625			
7/7/2004		L0400005210	8
3. Date of filing/registration in Florida		4. Document nur	mber
The name of the registe Florida Department of S		ered office address as shown	on the records of the
	15004 Barby Ave	Name	- 
	Tampa, FL 33625	Address	- 3 05 -
	• '	State and Zip	_
. The name and address of	of the new registered ago	ent and/or office:	ب. و ۳ <u>ش</u> ا
Janee M. Perez  15004 Barby Ave			ئے۔ مِب
			: 22
	Florida street address	(P.O. Box NOT acceptable)	
	Tampa	FL 33625	_
	City Ct	ate 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.

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<del>/(S</del>	ignature of a member or authorized representative of a member)	
<i>/</i> .	<u> </u>	
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√℧	rinted or typed name of signee)	
J	rinted 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

INHS18(10/99)

FILING FEE: \$25.00