

(Re	equestor's Name)	
(A.	ldr N	
(AC	idress)	
(Ac	ddress)	*
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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		12/29
L	Office Line On	KINS



12/27/05--01017--012 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	· · —	
SUBJECT: Financial Capital (Name of Limited)	al Consultant = d Liability Company)	s LC.
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted	for filing.
Please return all correspondence concerning this m	natter to the following:	
Cleibis ALTONSO (Name of Person)		
Financial Capital Consc	Hants LCC.	
4265 E 9th Ave # E (Address)		PII 05 DEC 27 SECRETTRY TALLAHASSE
Hoaleah, Fl. 33013 (City/State and Zip Code)		OS DEC 27 AM 11: 55 SECRETORY OF STATE TALLAHASSEE, FLORIDA
For further information concerning this matter, ple	ase call:	
(Name of Person) at (305) 614- 989 (Area Code & Daytime T	7 Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
\$25 Filing Fee	S55 Filing Fee & Certified	Сору

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the State	the following states	16 or 608.508, nent in order t	Florida Statut o change its reg	tes, the unde gistered offic	rsigned ce or reg /}	limited zistered
1. The name of the limite	d liability company i	s: <u>Fona.1</u>	recal la	-pi4a/ C	20050	Hants
2. The mailing address of	the limited liability	company is: _	4205	E 850	AUC	2 # E
		th	aleah,	H. 3	30/	3
12-21-8	5		L0400	10069	412	
3. Date of filing/registrat	on in Florida		4. Document n	um <u>be</u> r		
5. The name of the register Florida Department of		Name Address y, State and Zip		n on the reco	~	e
6. The name and address of	Haleah	Name A	enso(h	registene (nam	IMP OF STA	FILED FILED
If the limited liability con confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating lagrenater	nange or changes are the registered agent reby confirmed that that that diability companies	made, the Flort will be identicathe change(s) was otherwitty company.	ida street addres I. Or, in the cas as/were authori ise provided in	ss of the regi se of a Florid zed by an aff the articles o	stered of la limited firmative of organiz	fice d vote zation
(Signature of a member or author	ized representative of a mer	nber)	<i>i</i> ,		22212	
(Printed or typed name of signee)	Alponso	TREGS VE	med were	len Mai	wegy.	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. On if I address, I hereby confirm	intment as registered s of all statutes relat d accept the obligati his accument is bein that the limited liabi	-		-		

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

(Signature of Registered Agent)