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(City/State/Zip/Phone #)		
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1) VISION OF CORPORATIONS
1) VISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Capital Invectues (Name of Limited	4 LLC I Liability Company)	
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	atter to the following:	
John Stevely (Name of Person)		
Capital Investment LLC (Firm/Company)	2005 OCT 24 PI 2005 OCT 24 PI DIVINION OF SORE TALLAHASSEE	
9251 13th Ava. Cir NW (Address)	FILE DAN 12: 30 DON OF SORPOKATIO LAHASSEE, FLORID	
Bradeview Plorida 32409 (City/State and Zip Code)	TIONS RIDAS	
For further information concerning this matter, plea		
John Stevely at (Mame of Person)	(Area Code & Daytime 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 amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.308, 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 Tuvestment LLC.		
2. The mailing address of the limited liability company is: 9251 13th Ave. Lir No. Brachenton FL. 32409		
Murch 24, 2005 3. Date of filing/registration in Florida LO50006 29585 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: Steve Y		
Bradenton FL 32409 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)		
(Printed or typed name of signee) Steve & Christopher V. Kein		
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 Chipter 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 FILING FEE: \$25.00		