## L05000043610

| (Re                                     | equestor's Name)   |           |  |  |  |
|---|--------------------|-----------|--|--|--|
| (Address)                               |                    |           |  |  |  |
| (Ac                                     | idress)            | <u> </u>  |  |  |  |
| (Ci                                     | ty/State/Zip/Phone | e #)      |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |  |  |
| (Document Number)                       |                    |           |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |
|   |                    |           |  |  |  |
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MAISION CE CORPORATION

C. LEWIS

AUG 12 2014

EXAMINER

## Law Offices of Anita L. Barber, P.A.

Anita L. Barber\*

\*Admitted FL and GA Bars LL.M. in Taxation Certified Public Accountant 626 West Yale Street Orlando, Florida 32804 Web Site: www.abarberlaw.com

Telephone: 407-472-0595 Facsimile: 407-472-0594 Richard G. Shanklin Chief Operating Officer

July 30, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Fore You Capital, LLC, L05000043610 - Change of Registered Office

Dear Sir or Madam,

Please find enclosed the completed Statement of Change of Registered Office for my Client, Fore You Capital, LLC and my firm's check in the amount of \$25.00 representing the filing fee.

Please call me should you have any questions.

Very truly yours,

Anita L. Barber, P.A.

t L Soute

Anita L. Barber, Esq.

Enclosures

cc: Judith E. Bernier, Manager

## **COVER LETTER**

| TO:   | Registration Section Division of Corporations                         |                   |   |  |  |  |  |
|---|---|-------------------|---|--|--|--|--|
| SUBJE   |   |                   |   |  |  |  |  |
| Name of Limited Liability Company   |   |                   |   |  |  |  |  |
| Dear S  | ir or Madam:  |                   |   |  |  |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |   |                   |   |  |  |  |  |
| Please  | return all correspondence concerning this                             | matter to the fo  | llowing:  |  |  |  |  |
| Anita   | L. Barber, Esq.   |                   |   |  |  |  |  |
|   | Name of Person  |                   | -   |  |  |  |  |
| Anita   | L. Barber, P.A.   |                   |   |  |  |  |  |
|   | Firm/Company  |                   | -   |  |  |  |  |
| 626 V   | Vest Yale Street  |                   | _   |  |  |  |  |
|   | Address   |                   |   |  |  |  |  |
| Orlan   | ndo, Florida 32804  |                   |   |  |  |  |  |
|   | City/State and Zip Code   |                   |   |  |  |  |  |
|   | voodfarm@earthlink.net  |                   |   |  |  |  |  |
| E   | E-mail address: (to be used for future annu                           | al report notific | ation)  |  |  |  |  |
| For fur   | rther information concerning this matter, p                           | olease call:      |   |  |  |  |  |
| Judith  | n E. Bernier  | _ at (            | 833-9522  |  |  |  |  |
|   | Name of Person  |                   | Area Code & Daytime Telephone Number                      |  |  |  |  |
|   | STREET/COURIER ADDRESS: Registration Section Division of Corporations | Regi              | LING ADDRESS:<br>stration Section<br>sion of Corporations |  |  |  |  |
|   | Clifton Building  | P.O. Box 6327     |   |  |  |  |  |
|   | 2661 Executive Center Circle<br>Tallahassee, Florida 32301            | Talla             | hassee, Florida 32314                                     |  |  |  |  |
| Enclosed is a check for the following amount:   |   |                   |   |  |  |  |  |
|   | \$25 Filing Fee   | <b>□</b> \$55     | Filing Fee & Certified Copy                               |  |  |  |  |

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.                   | Na                                  | me of the limited liability company: Fore You Ca   | pital,                            | LL                            | C   |  |                          |
|----------------------|-------------------------------------|--|-----------------------------------|-------------------------------|---|--|--------------------------|
| 2. (                 | (a)                                 | 3525 Legacy Hills Court  |                                   | (b)                           | 3525 Le   | gacy Hills Court   |                          |
| ,                    | ,                                   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |                                   | (0)                           |   | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |                          |
|                      |                                     | Longwood, FL 32779   |                                   |                               | Longwood  | od, FL 32779   |                          |
|                      |                                     | 5/03/2005  | _                                 | ı                             | L0500004  | 3610   |                          |
| 3.                   |                                     | Date of filing/registration in Florida   | 4.                                | _                             |   | Document number  |                          |
| 5.                   | (a)                                 | Judith E. Bernier  |                                   |                               |   |  |                          |
|                      | ()                                  | Registered Agent and Registered Office shown on the records of 3449 Fernlake Place   | the Flo                           | orida                         | Dept. of State  | :  |                          |
|                      |                                     | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |                                   |                               |   |  |                          |
|                      |                                     | Longwood , FL  | 327                               | 79                            | ·-  | ت .  |                          |
| (                    | (b)                                 | Judith E. Bernier  |                                   |                               |   | 14 AUG   | 25                       |
| `                    | (-)                                 | Enter name of NEW Registered Agent and/or NEW Registered Office address:   |                                   |                               | ress:   | E - S  | <b>范</b>                 |
|                      |                                     | 3525 Legacy Hills Court  |                                   |                               |   | - CSR-<br>- PI   |                          |
|                      |                                     | NEW Registered Office Address:   |                                   |                               |   | PM 12: 58  | 31ME                     |
|                      |                                     | Longwood , FL  | 327                               | 79                            |   | <b></b>  | 5                        |
| the<br>age:<br>was   | cha<br>nt v<br>/we                  | mited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libra authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | f the rabilite of the limit       | egis<br>y co<br>limi<br>ed li | tered office<br>mpany, it is<br>ted liability               | and the business office of the regist<br>hereby confirmed that the change(s)<br>company or as otherwise provided<br>pany.                                      | ered<br>)                |
| Sj                   | gnai                                | ure of a member or authorized representative of a member   | -                                 |                               |   | Printed or typed name of signee  |                          |
| I he pro the to noti | erel<br>visi<br>obl<br>iere<br>fied | by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change                               | ree to<br>perfo<br>d for<br>hereb | act<br>ormo<br>in C<br>oy co  | in this capa<br>ince of my a<br>hapter 605,<br>nfirm that t | ncity. I further agree to comply with<br>luties, and I am familiar with and ac<br>F.S. Or, if this document is being f<br>he limited liability company has bee | the<br>cept<br>îled<br>n |
| 8igi                 | naylı                               | re of Registered Agent   |                                   |                               |   |  |                          |
|                      |                                     | Division of Corporations • P.O.  | Box 6                             | 327                           | • Tallahas:   | see, FL 32314  |                          |

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