

L05000054929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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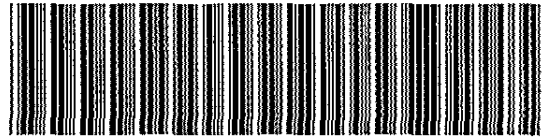
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**SUBJECT: CAPITAL EXCHANGE ASSIST LLC**

**DOCUMENT NUMBER: L05000054929**

**The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:**

**Name of Contact Person: Devin Newman  
Firm/Company: All Florida Firm, Inc.  
Address: 465 S Volusia Av, Suite C  
City, State Zip Code Orange City, FL 32763**

**For further information concerning this matter, please call:**

**Devin Newman at 386-456-0018**

**Enclosed is a \$35 check made payable to the Department of State.**

**Mailing Address:  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2007

DEVIN NEWMAN  
ALL FLORIDA FIRM, INC.  
465 S VOLUSIA AVE, SUITE C  
ORANGE CITY, FL 32763

SUBJECT: CAPITAL EXCHANGE ASSIST LLC  
Ref. Number: L05000054929

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DIVISION OF CORPORATIONS  
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We have received your document for CAPITAL EXCHANGE ASSIST LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 107A00013836

**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: CAPITAL EXCHANGE ASSIST LLC
2. The mailing address of the limited liability company is : 2418 S. BAY AVE SANFORD FL 32771 US

06/03/2005

L05000054929

3. Date of filing/registration in Florida

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:

SCOTT C TAYLOR

Name

2418 S. BAY AVE

Address

SANFORD FL 32771 US

City, State and Zip

6. The name and address of the new registered agent and/or office:

ALL FLORIDA FIRM, INC.

Name

465 S VOLUSIA AVE STE C

Florida street address (P.O. Box **NOT** acceptable)

ORANGE CITY FL 32763

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.

Devin Newman

(Signature of a member or authorized representative of a member)

DEVIN NEWMAN

(Printed 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.*

Devin Newman

(Signature of Registered Agent)

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

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