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2005 NOV 23 P. 1:47

		SECRETARY TALLAHASSEE
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(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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COVER LETTER

TO: Registration Section Division of Corporations	FILED
SUBJECT: ETR CAPITAL	ZOOS NOV 23 P 1: 47 ZNESTMENT TO LATE Liability Company AHASSEE, FLORIDA
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Aint DISHKIN (Name of Person)	-
ETR CAPITAL INVESTME (Firm/Company)	JI, UC
13/31 SW 132 STREET, S	SUITE 202
MIANI, FL 33/86 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
AIMEE DISHKIN at (3) (Name 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	unt:
\$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 608.508, Florida Statutes, the lindersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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REARDON
KUMELLI V
7" AVENUE
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nd/or office:
ARDON
32 STREET, SUITE 202
Box NOT acceptable)
-
33/86 nd Zip
d Zip
the laws of the State of Florida, it is hereby he Florida street address of the registered of dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative otherwise provided in the articles of organization.
nd agree to act in this capacity. I further as
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