1050000059101

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| L. SELLERS |

Office Use Only

EXAMINER



800115137048

01/17/08---01023--017 **150.00

SECRETARY OF STATE

.000 JAN 17 PM 4:29

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: ETR Capital Investment (Name of | nt I, LLC Limited 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 | g this matter to the following: |
| Eric T. Reardon | |
| (Name of Person) | |
| (Firm/Company) | |
| 12855 SW 132 Street Suite 200 | |
| (Address) | |
| Miami | |
| (City/State and Zip Code) | |
| For further information concerning this may | tter, please call: |
| Janett Pascul | at (305) 969-4312 |
| (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 follow | ing amount: |
| \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |

TO: Registration Section

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.

| The name of the limited liability company is: | ETR Capital Investment I, LLC | | |
|--|--|--|--|
| 2. The mailing address of the limited liability con | • | et Suite 200 | |
| 7/05/2005 | L05000065961 | . . | · |
| 3. Date of filing/registration in Florida | 4. Document numb | er | |
| 5. The name of the registered agent and the register Florida Department of State: | ered office address as shown on | the records of th | ie |
| Eric T. Reardon | | | |
| 13131 SW 132 Stre | Name eet Suite 202 | | |
| A | ddress | 2008 SEI | |
| Miami, Florida 3318 | | ECR LA | ********* |
| 6. The name and address of the new registered age | tate and Zip | 2008 JAN 17 SECRETARY TALLAHASSEI | |
| | in and or orrive. | | m |
| Eric T. Reardon | | PH 4: 29 OF STATE E. FLORIDA | O |
| 12855 SW 132 Stre | ame et Suite 200 | 4: 2 STATI LORII | |
| | P.O. Box NOT acceptable) | 9 | |
| Miami, Florida 33186 | FL | | |
| City, Sta | ite and Zip | | |
| If the limited liability company is not organized un confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the co of the members of the limited liability company of or the operating agreement of the limited liability | de, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized by r as otherwise provided in the a | the registered of | ffice |
| (Signature of a member or authorized representative of a member) | | | |
| (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered age comply with the provisions of all statutes relative is and I am familiar with and accept the obligations Chapter 608, F.S. Or if this document is being fill address, I hereby confirm that the limited liability | ent and agree to act in this capa to the proper and complete perf of my position as registered age ed to merely reflect a change in company has been notified in w | city. I further a ormance of my d ont as provided fo the registered o oriting of this ch | gree to luties, or in office ange. |

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

(Signature of Registered Agent)

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