## L05000067482

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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A. RIVERS FEB 2 2 2023



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## COVER LETTER

_	stration Section sion of Corporations					
SUBJECT:	PRIME REALTY CAPITAL, LLC					
30 D31.C1.	Name of Limited Liability Company					
Dear Sir or N	Aadam:					
The enclosed	d Registered Agent/Registered Office C	hange and	fee(s) are submitted for filing.			
Please return	all correspondence concerning this ma	iter to the	following:			
CLAUDIA PI	EREIRA					
	Name of Person	-	_			
LGL SYSTE	MS HOLDINGS, LP					
	Firm/Company					
1601 BELVE	DERE RD, SUITE S-202					
	Address					
WEST PALA	1 BEACH, FL 3306					
	City/State and Zip Code					
-	JL2GHOLDINGS.COM					
E-mail	address: (to be used for future annual re	eport notif	fication)			
For further in	nformation concerning this matter, pleas	se call:				
CLAUDIA P	EREIRA at	561	284-2968			
	Name of Person	(	Area Code & Daytime Telephone Number			
Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enci	losed is a check for the following amo	unt:				
<b>3</b> S2	25 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy			
INHS18 (2/14	1)					

## 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.

I. Na	ime of the finited hability company;	<del></del>	ine Kearty Capit Al, uc
2. (a)	1601 BELVEDERE RD	(b)_	1601 BELVEDERE RD
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE S-202	5	SUITE S-202
	WEST PALM BEACH, FL 33406		WEST PALM BEACH, FL 33406
	11/01/2022	LO	05000067482
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	GUSMANO, CHARLES		
J. (ii)	Registered Agent and Registered Office shown on the records	s of the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	SUITE S-202		
	WEST PALM BEACH	FL_33406	
(b)	CHARLES LOMANGINO		2022 NOV 28
,-,	Enter name of NEW Registered Agent and/or NEW Register	ered Office addr	<u> </u>
	1601 BELVEDERE RD		The state of the s
	NEW Registered Office Address:	<del></del>	· · · · · · · · · · · · · · · · · · ·
	SUFFE S-202		<u> </u>
	WEST PALM BEACH	. FL <u>33406</u>	900
change agent v was/we the arr	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member of member of a member or authorized representative of a member by accept the appointment as registered agent and ligations of all statutes relative to the proper and complifications of my position as registered agent as proving reflect a charge in the registered office address	e laws of the St the registered d liability com- ers of the limite the limited liab CHAR	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in polity company.  LES GUSMANO  Printed or typed name of signee  This canacity. I further agree to comply with the