L05000086981

•
(Requestor's Name)
(Address)
(Address)
(wanted)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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2008 APR I'T P 3 16
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Division of Corporations				
SUB	IECT: Nobility Capital Group, LL		oility Company)		
	(Name of	Limited Liat	mity Company)		
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are subm	itted for filing.	
	e return all correspondence concerning			•	
Rich	ard Allan Stelter			20 SE TAL	
	(Name of Person)		 -	00 AI	7
Nob	ility Capital Group, LLC			1000 APR IT	FILED
	(Firm/Company)			F P	
1390	00 C.R.455 suite 107-404			P 3 16 F STATE .FLORIDA	
	(Address)				
Clerr	mont, Florida 34711				
	(City/State and Zip Code)				
For fi	urther information concerning this ma	atter, please ca	ıll:		
Rich	ard Stelter	at (407	, 469-2568		
	(Name of Person)		(Area Code & Daytin	me Telephone Nu	mber)
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:			
	Division of Corporations	Registration Section Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	T:	allahassee, Florida 32314	4	
	Enclosed is a check for the follow	ing amount:			
	✓ \$25 Filing Fee		555 Filing Fee & Certi	fied 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 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: Nobility Capital Group, LLC

Clermont, Florida 34711				
09/2005	L05000086981			
. Date of filing/registration in Florida	4. Document number			
. The name of the registered agent and the reg Florida Department of State:		own on the records of the		
American Home I				
40000 - B 455 V	Name			
13900 C.R.455 suit				
<u> </u>	Address	7		
Clermont, Florida 3		KE 28		
Cit	y, State and Zip	≥cc = m		
. The name and address of the new registered	agent and/or office:	Z000 APR 17 FO SECRETARY OF ALLAHASSEE, F		
Richard Allan Stelt	er	所 大 一		
	Name			
13900 C.R.455 suit	e 107-404	L SAN		
Florida street addre	ess (P.O. Box NOT accepta	STATE OF THE PROPERTY OF THE P		
Clermont,	FL 34711	_		
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.

	mura a Station			
(Sign	ature of a member or authorized representative of a member)			
	sica A. Stelter			
(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 auties, 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 have by confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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