L05000094038

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2011 MAY 1.8 P.M. M. E.J.
SECRETARY DESTATE
ALCOHOLANASSEE, FLORIDA

C. LEWIS

MAY 1 6 2011

EXAMINER

COVER LETTER"

Registration Section
Division of Corporations

UBJECT: FIRST NEVADA CAPITAL LLC		
Name of 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 this matter to the following:	
MaryAnn	Metz	
Name of Per	son	
•		
Firm/Compa	ay	
1200 South Fodoral L	ighway Suite 301	
1200 South Federal H Address	igriway, Suite 301	
Boynton Beach	. FL 33435	
City/State and Z		
pacificbroadbar E-mail address: (to be used for futur	nd@cox.net	
is-man address. (to be used for futur	; amuai report notrication)	
For further information concern	ing this matter, please call:	
MaryAnn Metz	at (702) 366-0017	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER AD	DRESS: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Cir	cle Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$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 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. Name of the limited liability company:	FIRST NEVADA CAPITAL LLC
2. (a) Principal office address of limited liability	company: 6360 McLeod Drive, Suite 30
(<u>Note: MUST BE STREET ADDRESS</u>)	Las Vegas, NV 89120
(b) Mailing address of limited liability compan	
(Note: MAY BE POST OFFICE BOX)	Las Vegas, NV 89120
09/26/2005	L0500009403
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Deptor State:
Registered Agent:	MaryAnn Metz
Registered Office Address:	1177 GEORGE BUSH BLVD.
	STE 308 DELRAY BEACH, FL 33483 US
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	d/or NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	1200 South Federal Highway Suite 301
	Boynton Beach ,FL 33435
liability company, it is hereby confirmed that the c	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
MaryAnn Metz	
Printed or typed name of signee	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of the confirmal than the limited liability of the liabilit	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
Signature d'Registered Agent	

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