

206000031116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

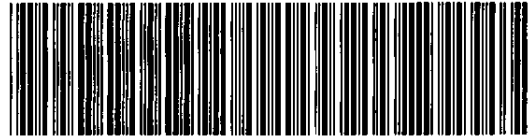
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200208396172

06/06/11--01045--003 \*\*25.00

FILED  
11 JUN -6 PM 3:42  
SECONDARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 07 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPITAL REALTY, 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:

Miriam Katz

Name of Person

Vcorp Services, LLC

Firm/Company

25 Robert Pitt Drive, Suite 204

Address

Monsey, NY 10952

City/State and Zip Code

mkatz@vcorpservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Katz

Name of Person

at ( 845 )

425-0077

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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
11 JUN -6 PM 3:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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: CAPITAL REALTY, LLC
2. (a) Principal office address of limited liability company: 1494 CAPITAL CIR NW  
TALLAHASSEE FL 32303
- (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 331 MADISON AVE, 7TH FLOOR  
NEW YORK NY 10017
- (Note: **MAY BE POST OFFICE BOX**)
- L06000021116
3. Date of filing/registration in Florida \_\_\_\_\_ 4. Document number \_\_\_\_\_
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: CORPORATION SERVICE COMPANY
- Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE FL 32301-2525 US
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: Vcorp Services, LLC
- NEW Registered Office Address: 7200 W Camino Real, Suite 102  
(MUST BE FLORIDA STREET ADDRESS) Boca Raton, FL 33433

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.

Signature of a member or authorized representative of a member

Wayne Bobrow, Member/Manager

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 duties, 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 hereby 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**

# VCORP SERVICES LLC

June 1, 2011

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Certification Section

Re: Capital Realty LLC

Dear Sir or Madam:

Kindly file the attached Statement of Change for above entity.

Enclosed please find a check for \$25.

Please use the enclosed prepaid FedEx envelope to return the documents. If you need it our FedEx Account # is 3643-5646-3.

Thank you for your attention to this matter.

Very truly yours,

Miriam Katz  
Email: mkatz@vcorpservices.com