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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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G. MCLEOD

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EXAMINER



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SECRETARY OF SHIE

COVER LETTER

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Division of Corporations	
SUBJECT: <u>Capstone Market</u> Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Nicholog L. Gregory Name of Person	·
NLG Firm/Company	
Y83 Kguine Address	•
Taypen Sovings FL 3.	48 P f
E-mail andress: (to be used for future annual report notification)	lon)
For further information concerning this matter, ple	ease call:
· · · · · · · · · · · · · · · · · · ·	727 224-4/16
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following am	iount:
\$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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company:	ne Marketing, LLC
2\(\(\begin{align*}(a)\) Principal office address of limited liability compa	
(Note: MUST BE STREET ADDRESS)	Talpon Springs FL 3468
(b) Mailing address of limited liability company:	P.O. Bex 249
(Note: MAY BE POST OFFICE BOX)	Tarpon Springs FL 34687
(MOIL) MATERIAL OF OTTION DOWN	
3/12/2006	106000030150
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	
Registered Agent:	Nicholas L. Gregory
Registered Office Address: Hay 19 N.	462 KANTACKY VINCE
Registered Office Address: S. Hny. 19 N. Sir. 12 236 Clearweter, FL 33767	- Taryon 14111-33, 120 Trail
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	1 Pater 181 Formely
NEW Registered Office Address:	REAS TO LOW
(MUST BE FLORIDA STREET ADDRESS)	YEL Equine Lyings FL 34861
If the limited lightlite commany is not encoursed under the	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id	e Florida street address of the registered office
and the business office of the registered agent will be id-	
of the members of the limited liability company or as of	e(s) was/were authorized by an affirmative wite,
of the members of the limited liability company or as of or the operating agreement of the limited liability company	herwise provided in the articles of organization any.
or the operating agreement of the limited liability compa	e(s) was/were authorized by an affirmative with herwise provided in the articles of organization
of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representation of a member	herwise provided in the articles of organization any.
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Signature of a member or authorized representativos a member	herwise provided in the articles of organization any.

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