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| (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: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--------------|
| SUBJECT: MAHER CAPITAL PARTNERS, 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: | |
| Steven MAHER MERM Name of Person MAHER CAPITAL PAITURS, LLC Firm/Company | |
| 2338 ImmoKalee Rd, Ste 257 Address | 2011 2011 |
| NAples FL 34110 City/State and Zip Code | SEP 24 A |
| E-mail address: (to be used for future annual report notification) | AH 8: 25 |
| For further information concerning this matter, please call: | |

Steven MAHER at (239) 784-1949
Name of Person 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

INHS18 (2/14)

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

| 1. | N a | ame of the limited liability company: MAHER (| CAPITA | L Partu | ners Ll | |
|--------------------|-----------------------|---|---|--|-----------------------------------|---------------------------|
| | | 2338 ImmoKA Lee Rd 51e 257 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | v 7 (b) | Mailing address of limit | | - |
| | | NAples FL 34110 | | | | |
| | | 6/26/2006 | L06 | 0000644 | 173 | |
| 3. | | Date of filing/registration in Florida 4. | Document nur | nber | | |
| 5. | (a) | Steven MAHER | | | | |
| | | Registered Agent and Registered Office shown on the records of the Flo | orida Dept. of State | :: | | |
| | | 272 FAIRWAY CIRCLE | | | | |
| | | Registered Office Address (MUST BE) FLORIDA STREET ADDRI | ESS) | | | |
| | | | | | 2018 1325 | |
| | | NAples .FL 3 | 34110 | | SEP LAHA | destination of the second |
| | (b) | Steven MAHER | | | 24 # 5866 | a manas Americani |
| | | Enter name of NEW Registered Agent and/or NEW Registered Office | e address: | | | haun. E. E |
| | | 2338 ImmoKAlee Rd, | 5He 2: | 57 | 8: 2 6 | ٠. |
| | | NEW Registered Office Address: | | | | |
| | | <u> </u> | | | | |
| | | NAples , FL | 34110 | | | |
| the age wa | cha ent w s/we | limited liability company is not organized under the laws of tange or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the | egistered office y company, it is limited liability | and the business of shereby confirmed y company or as of | office of the re that the chan | egistered ge(s) |
| | | icles of organization or the operating agreement of the limite | | | A 1100 | |
| S | ignat | ature of a member or authorized representative of a member | 7 | Feuch W | of signee | |
| 11 | iereb | by accept the appointment as registered agent and agree to | act in this capa | acity. I further agr | ree to comply | with the |
| pro the to t | visie obli nere | ions of all statules relative to the proper and complete perfo ligations of my position as registered agent as provided for i ely reflect a change in the registered office address. I hereby d in writing of this change. | rmance of my e | duties, ànd I am fai | miliar with an | d accent |

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