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Certified Copies	Certificates of Status
Special Instructions to	Eiling Officer
Special instructions to	Filling Officer.

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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: (QP Ta FIDOTage (Name of Limited)	Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for	filing.
Please return all correspondence concerning this mat	eter to the following:	
Armando Romero (Name of Person)		
Capital Frantage (enter LLC (Firm/Company)		
14100 Palmetto Frontage Rd.	‡ <u>300</u>	2007 OCT 2 2007 OCT 2 SECRETA TALLAHAS
MIAMI LAKES FL 33014 (City/State and Zip Code)		2007 OCT 29 AM II: 10 SECRETARY OF STATE ALLAHASSEE, FLORIDA
For further information concerning this matter, please	e call:	IOA
Armando Romero at (30) (Name of Person)	(Area Code & Daytime Telep	ohone 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	nt:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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 Fortua.				
1. The name of the limited liability company is: Capital Frontage (•			
2. The mailing address of the limited liability company is: 14100 Palmett	D Fromage.			
Road, Suite 300, MIANI Lakes, FL 33014	· · · · · · · · · · · · · · · · · · ·			
10 25 07 3. Date of filing/registration in Florida L 07000252 4. Document numb				
5. The name of the registered agent and the registered office address as shown on Florida Department of State: Fieldstone, Lester, Shear & Denberg, L Name 201 Alhambra (icle, STe (00))				
Address Oral Fiables, FL 33134 US City, State and Zip	2007 OCT 29 SECRETAR'S TALLAHASS			
6. The name and address of the new registered agent and/or office: Armando Romaro Name 14100 Palmand Florage Rd., STE 300 Florida street address (P.O. Box NOT acceptable)	TARY OF STATE			
MIAMILAKUS FL 33014 City, State and Zip				
If the limited liability company is not organized under the laws of the State of Flo confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized to the members of the limited liability company or as otherwise provided in the around the limited liability company.	rida, it is hereby the registered office a Florida limited by an affirmative vote rticles of organization			
(Signature of a member of authorized representative of a member) A Long and b Rom (10) (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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this accument 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 3	2314			

FILING FEE: \$25.00