L07000051588

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
` , , , , ,								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Dusiness Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
	j							
	ŀ							

Office Use Only



500285198385

05/04/16--01015--016 **25.00





CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 3, 2016

Order#: 118127/010

Re: THE CAPORAL GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX __ Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	ame of the limited liability company:	THE CAPORAL O	GROUP,	LLC			
2.	(a)	1401 Brickell Avenue, Suite 530		(b)	1401 Brickell Avenue, Suite 530 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (0)				
		Miami	FL 33131	_	Miami	FL	33131	
		05/15/2007			L0700005			
3.		Date of filing/registration in	ı Florida	4.		Document no	umber	
5.	(a)	Ricardo Caporal						
	` ,	Registered Agent and Registered Office show	wn on the records of th	e Florida l	Dept. of State	::		
		1401 Brickell Avenue					*** • ¶	
		Registered Office Address (MUST BE FLORIDA STREET ADD			····	•	5 5	
		Suite 530						
		Miami	, FL	33131				
	(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O 1201 Hays Street NEW Registered Office Address:				ress:			
		Tallahassee	, FL	32301				
the age wa the	e cha ent v is/wo arti	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a large authorized by an affirmative vote cles of organization or the operating of the operating and the companization of the operating of a member or authorized representative	street address of the Florida limited liab of the members of agreement of the liab of a member	he regist bility con the limit mited lia Jill Ci	ered office npany, it is ed liability ability com Imi, Autho	and the busis hereby configured pany. Printed or type	ness office of the registered irmed that the change(s) as otherwise provided in d name of signee	
pre the to	ovisie obli mere	waccept the appointment as register ons of all statutes relative to the propingations of my position as registered ly reflect a change in the registered in writing of this change.	ed agent and agre er and complete p agent as provided office address, I he	e to act i erformai for in Ci ereby cor	n this cape nce of my e napter 605 nfirm that i	acity. I furthe luties, and I c , F.S. Or, if t the limited lic	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
Sig	<u>M</u> gnatur	ose 2-Kindy re of Registered Agent Corporation Serv	vice Company	BY: Gra	ace E. Kir	by, Asst. Vi	ce President	

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