LD8000024612

-	(Requestor's Name)				
•	(Address)				
· .	(Address)				
•	(City/State/Zip/Phone #)				
PICK-UI	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

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SEURETARY OF STATE
AMASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
	EY CAPITAL LLC
Name of Limite	ed 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 i	natter to the following:
	·
Jane Henson	
Name of Person	
McAfee & Taft A Professional Corporat	ion
Firm/Company .	
10th Fl., Two Leadership Square, 211 N. Re	<u>obinson</u>
Oklahoma City, OK 73102	
City/State and Zip Code	
KPMoore@rooneyholdings.com E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, pl	ease call:
Jane Henson at (
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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 an	nount:
\$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.

1. Na	me of the limited liability company:	ROONEY CAPITAL	LLC		
2. <u>(a</u>)	Principal office address of limited liability compa	ny:			
<u> </u>	(Note: MUST BE STREET ADDRESS)	3520 Kraft Road Naples, FL 34105	SICK	<u> 7</u>	
(b)	Mailing address of limited liability company:		HASE I	_ _ 	77
-[_]-	(Note: MAY BE POST OFFICE BOX)	3520 Kraft Road Naples, FL 34105	SEE, FL	7 AH	LED
	03/13/2008	L08000026	36译A	0:0	
3. Da	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown or	n the records of the Florida I	Dept. of S	tate:	
•	Registered Agent:	Francis Rooney			_
:	Registered Office Address:	1400 Gulf Shore Boule Suite 184 Naples, FL 34102	vard Nor	<u>th</u>	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office addr	<u>ess</u> :	<u> </u>	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3520 Kraft Road			
	(MOST BE THORIDA STREET ADDRESS)	Naples	,FL_	341	05
confirmand the liability of the or the	limited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be idently company, it is hereby confirmed that the change members of the limited liability company or as other operating agreement of the limited liability compared of a member or authorized representative of a member	Florida street address of the atical. Or, in the case of a Flash was/were authorized by a	registered lorida lim n affirmat	d officiated	'ote
	Francis Rooney or typed name of signee				
	by accept the appointment as registered agent and y with the provisions of all statutes relative to the parm familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to mean the companies, I hereby confirm that the limited liability companies of the confirmation of the companies.	agree to act in this capacity roper and complete perform osition as registered agent a erely reflect a change in the ny has been notified in writin	I further ance of m is provide registere ig of this	r agre ly dui d for d offi chän	ze 10 ies, in ce ge
aignatur	re of Registered Agent				

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