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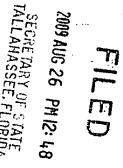
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: W CAPITAL GROUP, 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:		
CHORGE CAUPER Name of Person		
W CAPITAL GROUP Firm/Company		
3180 STIRLING ROAD Address		
HOLLYWOOD, FL 33021 City/State and Zip Code		
E-mail address: (10 De used for future annual reprtification)		
For further information concerning this matter, please call:		
at (954) 374-8944 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 \$25 Filing Fee & Certified Copy		

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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.

Name of the limited liability company:	W CAPITAL GROUP, LLC	
2. (a) Principal office address of limited liability comp	any:	
(Note: MUST BE STREET ADDRESS)	3180 STIRLING ROAD HOLLYWOOD, FL 330	
(b) Mailing address of limited liability company:	ARE AUG	
(Note: MAY BE POST OFFICE BOX)	3180 STIRLING ROAD (S → C)	
4/23/09	L08000035472 N	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	GEORGE KAUPER	
Registered Office Address:	4611 SOUTH UNIVERSITY DRIVE 405	
	DAVIE, FL 33328	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3180 STIRLING ROAD	
	HOLLYWOOD ,FL33021	
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 ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member		
Printed or typed name of signce		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	

Signature of Registered Agent