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| (Requestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | |
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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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C. LEWIS

JUN 2 6 2009

EXAMINER

COVER LETTER

| | Registration Section Division of Corporations | | | |
|-------------------------------|------------------------------------------------------------|----------------------------------------------------|--|--|
| SUBJE | | NSAM CAPITAL, LLC | | |
| | Name of | Limited Liability Company | | |
| Dear Si | r or Madam: | | | |
| The end | closed Registered Agent/Registered (| Office Change and fee(s) are submitted for filing. | | |
| Please r | return all correspondence concerning | g this matter to the following: | | |
| | | • | | |
| | Gavin Beekman | | | |
| | Name of Person | | | |
| | Pensam Capital, LLC | <u> </u> | | |
| | Firm/Company | | | |
| 175 SW 7th Street, Suite 2114 | | | | |
| | Address | | | |
| | | | | |
| Miami, FL 33130 | | | | |
| | City/State and Zip Code | | | |
| E-m | gbeekman@pensamcapital.o | notification) | | |
| For furt | her information concerning this mat | ter, please call: | | |
| | Gavin Beekman | at (786)539-4999 | | |
| | 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 followi | ing amount: | | |
| Ε | \$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.

| Name of the limited liability company: | Pensam Capital, LLC | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|--|--|
| 2. (a) Principal office address of limited liability company: | | | | |
| (Note: MUST BE STREET ADDRESS) | 175 SW 7th Street, Suite 2114 Miami, FL 33130 | | | |
| (b) Mailing address of limited liability company: | | | | |
| (Note: MAY BE POST OFFICE BOX) | 175 SW 7th Street, Suite 2114 Miami, FL 33130 | | | |
| June 17, 2009 | \$100000144938 - Log Cook | | | |
| 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: | Mr. Gavin Beekman | | | |
| Registered Office Address: | 175 S.W. 7th Street Latitude One, Suite 2115 Miami, FL 33130 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | | | |
| NEW Registered Agent: | JMGS 1 Capital, LLC | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 175 SW 7th Street Suite 2114 Miami ,FL33130 | | | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. | | | | |
| Signature of a member or authorized the sentative of a member | | | | |
| Seth Cohen 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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document 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 | DOP JU | | | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | | | | |
| INHS18 (05/08) | mg a m | | | |