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Office Use Only

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**EXAMINER** 



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## **COVER LETTER**

	33.2	
TO: Registration Division o	n Section f Corporations	
SUBJECT: Capital Software Group, LLC		
	Name of Limite	d Liability Company
Dear Sir or Madar	n:	
The enclosed Reg	stered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this m	atter to the following:
Cas	ey K. Weidenmiller, Esq.	·
Woods,	Weidenmiller & Michetti, P.L. Firm/Company	· ·
5150 No	orth Tamlami Trall, Suite 603 Address	
-	Naples, FL 34103 City/State and Zip Code	
Cweide E-mail address: (to	nmiller@lawfirmnaples.com be used for future annual report notification	on)
For further inform	ation concerning this matter, ple	ase call:
	C. Weidenmiller at (at	239 ) 325-4070
STREET/C Registration Division of Clifton Buil 2661 Execut	Corporations	Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is	s a check for the following amo	ount:
\$25 Filin	ng 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. Capital Software Group, LLC 1. Name of the limited liability company: 787 5th Avenue, South 2. (a) Principal office address of limited liability company: Naples, FL 34102 (Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:	787 5th Avenue, South
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Naples, FL 34102 (Note: MAY BE POST OFFICE BOX)

6/22/2009	L09000060319
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: Naples-Lawdock Inc. 1395 Panther Lane, Ste. 300 Registered Office Address:

Naples, FL 34109

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Casev K. Weidenmiller, Esq. **NEW** Registered Agent: 5150 North Tamiami Trail, Ste. 603 **NEW** Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS) FL34103 Naples

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 Flor	ida limit	ed
liability company, it is hereby confirmed that the change(s) was/were authorized by an a	ffirmativ	e vote
of the members of the limited liability company or as otherwise provided in the articles	of <b>gr</b> gani	zation
or the operating agreement of the limited liability company.	TH.	
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Signature of a member or authorized representative of a member Blaine Ferguson, MGR. 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 performances by 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 elocument 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 Agen