L09000075311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 27 2014

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONSERVATION CAPITAL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000075311

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person: Bruce Honig
Firm/Company: Conservation Capital LLC
Address: 3339 Pine Hill Trail
City/State and Zip Code: Palm Beach Gardens, FL 33418

brucehonig@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning his matter, please call:

Bruce Honig
Name of Contact Person

at (561) 775-7565
Area Code & Daytime Telephone Number

Enclosed is a $25.00 check made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of Section 605.0114, Florida Statutes, this statement of change is submitted for a Limited Liability Company organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of limited liability company: Conservation Capital LLC

2. Principal office address: 3339 Pine Hill Trail
Palm Beach Gardens, FL 33418

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3. Mailing address (if different): N/A

4. Document number: L09000075311

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ronald Kochman, Esq.
Kochman & Ziska PLC
222 Lakeview Ave., Suite 950
West Palm Beach, FL 33401

6. The name and street address of the new registered agent and registered office: P.O. Box NOT acceptable

Bruce Honig
3339 Pine Hill Trail
Palm Beach Gardens, FL 33418

Signature of Manager/Member

Bruce Honig, Manager/Member
Printed or typed name and title

Date: February 24, 2014

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 605, F.S.

Signature of Registered Agent

Date: February 24, 2014

*** * * FILING FEE: $25.00 * * ***

MAKE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314