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PICK-UP WAIT MAIL				
THE TOTAL TO				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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L. SELLERS				
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Office Use Only

EXAMINER



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

12 JAN -6 PM 2:

ČOVER LETTER

то:	Registration Section Division of Corporations					
SUBJECT: INSIGHT CAPITAL ASSETS LLC Name of Limited Liability Company						
Dear S	Sir or Madam:				٠	
The er	nclosed Registered Agent/Registered	Office (Change and	fee(s) are submitted for filing.		
Please	return all correspondence concernin	g this m	atter to the	following:		
	Lance Butnick					
	Name of Person					
	INSIGHT CAPITAL ASSETS Firm/Company	LLC				
	11595 Claria Drive Address					
	Boynton Beach, FL 3343 City/State and Zip Code	7				
E-	insightcapitalassets@gmail.mail address: (to be used for future annual report	com I notificatio	on)			
For fu	rther information concerning this ma	tter, plea	se call:			
	Lance Butnick	at (917)	929-5859		
	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		Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314		
	Enclosed is a check for the follow	ing amo	unt:			
	\$25 Filing Fee		\$55 F	ling 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. Name of the limited liability company:	INSIGHT CAPITAL ASSETS LLC				
2. (a) Principal office address of limited liability	company: 1 Century Lane # 404				
(Note: MUST BE STREET ADDRESS)	1 Century Lane # 404 Miami Beach, FL 33139				
(b) Mailing address of limited liability compar	ny:				
(Note: MAY BE POST OFFICE BOX)	1 Century Lane # 404 Miami Beach, FL 33139				
9/3/09	L09000085288				
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 Stat					
Registered Agent:	Lance Butnick				
Registered Office Address:	1 Century Lane #404 Miami Beach, FL 33139				
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	11595 Claria Drive				
MUST BE FLORIDA STREET ADDRES	Boynton Beach ,FL33437				
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. 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 1 am familiar with and accept the obligations of my position as registered agent as provided for in Lapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered of the address, I hereby confirm that the limited liability company has been notified in writing of this analysis.					
Signature of Registered Agent					