

L10000028660

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

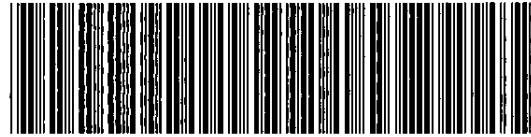
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUL 25 2011

EXAMINER



000209948360

07/22/11--01011--008 \*\*25.00

FILED  
JUL 22 PM 2:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RETRIEVER CAPITAL, 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:

Pamela L. Thorpe

Name of Person

Beavers/Rogers Law & Advisory Group, LLC

Firm/Company

500 Jesse Jewell Parkway, Suite 300

Address

Gainesville, GA 30501

City/State and Zip Code

pthorpe@beaversrogers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela L. Thorpe

Name of Person

at ( 770 )

534-8605

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

☐ \$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.*

1. Name of the limited liability company: RETRIEVER CAPITAL, LLC

2. (a) Principal office address of limited liability company: 500 Jesse Jewell Parkway

**(Note: MUST BE STREET ADDRESS)**

Suite 300

Gainesville, GA 30501

(b) Mailing address of limited liability company: 500 Jesse Jewell Parkway

**(Note: MAY BE POST OFFICE BOX)**

Suite 300

Gainesville, GA 30501

03/15/2010

L10000028660

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:

Douglas R. Maxwell

Registered Office Address:

1538 The Greens Way

STE 105

Jacksonville Beach, FL 32250

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

**NEW** Registered Agent:

Beavers/Rogers Law & Advisory Group

**NEW** Registered Office Address:

4440 Merrimac Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

Suite 102

Jacksonville, FL 32210

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.

William S. Rogers  
Signature of a member or authorized representative of a member

Beavers/Rogers Law & Advisory Group, LLC

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.*

William S. Rogers  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00