## 110000012880

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L. SELLERS

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**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons		
SUBJECT: Praecipio Investment Management LLC  Name of Limited Liability Company			
	Name of Enfined Elability Company		
Dear Sir or Madam:			
The enclosed Registered Age	nt/Registered Office Change and fee(s) are submitted for filing.		
Please return all corresponde	nce concerning this matter to the following:		
Patar	t Hoar		
Peter J Hoar  Name of Person			
Praecipio Investment Management Firm/Company			
	Occident Street		
Addre	SS C)		
	FL 33629		
City/State an	d Zip Code		
•			
dojiboy@ E-mail address: (to be used for fi	yahoo.com		
E-mail address: (to be used for fi	iture annual report notification)		
For further information concerning this matter, please call:			
Peter J Hoa	at ( 813 ) 335-2424		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER			
Registration Section Division of Corporation	Registration Section s Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center			
Tallahassee, Florida 32	,		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

## •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:	Praecipio Investment Management LLC
2. (a) Principal office address of limited liabilit	ty company:
(Note: MUST BE STREET ADDRESS	
(b) Mailing address of limited liability comp	Tampa, FL 33629
	•
(Note: MAY BE POST OFFICE BOX)	7 3616 West Tacon Street Tampa, FL 33629
	Tampa, TE 33029
04/21/2010	L10000042880
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:	Peter J Hoar
Registered Office Address:	3616 West Tacon Street
Rogistorou Ottibo Addioss.	Tampa, FL 33629
(b) Enter name of <u>NEW Registered Agent</u>	and/or NEW Registered Office address:
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDR	2308 South Occident Street  RESS)
<del></del>	Tampa ,FL 33629
confirmed that after the change or changes are mand the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability.  Signature of a member or authorized representative of a member of a member of the limited liability and I am familiar with any accept the obligation chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability company with the provisions of the limited liability and I am familiar with any accept the obligation chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability company is the limited liability company or the limited liability company or the operation of the limited liability company or the limited liability company o	d under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited he change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization ty company.  The proper and complete performance of my duties and of my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company has been notified in writing of this change
Signature of Registered Agent	<del>reduction to the least of the </del>

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00