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(Re	equestor's Name)
(Ad	ddress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
3 (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
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MICEC-4 PRICEIT

DEC OF MIT HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: First Secured Name of Limite	Capital 1/C d 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:
Stivin Kohn Name of Person	
First Scource Capital	ilc
2138 VAN BUREN Address	
HOILY WOOD F/ 3 City/State and Zip Code	3020
KOhn 90 @ BellSouth . ne E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
at(54, 605-5877
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
⊈ \$25 Filing Fcc	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Pioriaa.		_	_	
1. Name of the limited liability	company: First	Secured	CAPITAL	LLC
2. (a) 2138 VAN	Buren # 606	(b)	2138 V	AN BUREN
Principal office address	s of limited liability company: E STREET ADDRESS)		Mailing address of limi	
Wy HOLLY WOOD	FIURIUA	Ľ	t 606	ST OFFICE BOX
$\frac{1}{100}$			Hally wall	
· · · · · · · · · · · · · · · · · · ·	33020		HOILY WOOD	1-1 33020
AUGUST PA	12010	Q_0	0 - 163499	99
3. Date of filing/reg	gistration in Florida	4.	Document number	<u>r</u>
5. (a) Struen Kon	in a	1	100000 89	1201
3. (a)	ed Office shown on the records of the	he Florida Dept. of S	State:	·
13806	SW 4157			1.0
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	()(1)	ADDRESS
DAVIC	FL 3333	3 <i>0</i>	<u> </u>	
	.FL			
Chur	1/0/20	·		73
(b) Struin	1700101	06. 44.	· · · · · · · · · · · · · · · · · · ·	
enter name of NEW Registere	ed Agent and/or NEW Registered (1/0/	
2138 V	AIN BUREN	St F	F6000	· · · · · · · · · · · · · · · · · · ·
NEW Registered Office Addre	ss: 1	22026	 `	, - p
HOILY WOO	<u>) U. F1 </u>	33020	<u> </u>	12:
				1
	, FL_			
If the limited liability company is				
the change or changes are made, agent will be identical. Or, in the	e case of a Florida limited lia	bility company,	it is hereby confirmed	d that the change(s)
was/were authorized by an affirm the articles of organization or the	native vote of the members of	f the limited liab	ility company or as of	therwise provided in
			Fruen Koh Printed or typed nam	n
Signature of a member or authorized r	epresentative of a member		Printed or typed nam	e of signee
I hereby accept the appointment provisions of all statutes relative the obligations of my position as to merely reflect a change in the notified in writing of this change	to the proper and complete pregistered agent as provided registered office address. I h	ee to act in this c performance of n I for in Chapter (ereby confirm th	apacity. I further ag ny duties, and I am fa 805, F.S. Or, if this d at the limited liability	ree to comply with the miliar with and accept ocument is being filed v company has been
Signature of Registered Agent				