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COVER LETTER

Division of Corporations	
SUBJECT: CAPVRS, LLC	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Victor R. Smith	
Name of Person	
CAPVRS, LLC	
Firm/Company	
55 Fifth Street NW	
Address	
Winter Haven, FL 33881	
City/State and Zip Code	
victor.smithlaw@gmail.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
Victor R. Smith	at (268-8285
Name of Person	Area Code & Daytime Telephone Numbe
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
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.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Victor R. Smith Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 395 South Central Avenue Bartow ,FL 33830 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 55 Fifth Street NW Winter Haven ,FL 33881 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 gent will be identical. Life 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 of the partiating agreement of the limited liability company. Victor R. Smith Signature of a member or lightly repulsentative of a member Printed or typed name of signee	1. Na	me of the limited liability company: CAPVRS, LI	_C	
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) Winter Haven, FL 33881 Description of filting/registration in Florida Lindon102796 Date of filting/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Victor R. Smith Registered Office Address MUST BE FLORIDA STREET ADDRESS 395 South Central Avenue Bartow FL 33830 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: SF Fifth Street NW Winter Haven FL 33881 f the limited liability company is npt organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes ale made, the Florida street address of the registered office and the business office of the registered pain will be identical. Lit. high case of a Florida intended liability company, it is hereby confirmed that the change(s) was/were authorized by an applying the properties of the limited liability company or as otherwise provided in the articles of organization or the bearating agreement of the limited liability company or as otherwise provided in the articles of organization or the bearating agreement of the limited liability company. Victor R. Smith Signature of a member or helithymeel tongenenthree of a member Printed or typed name of signer Victor R. Smith Signature of a member or helithymeel tongenenthree of a member Printed or typed name of signer Printed or typed	2 (a)	55 Fifth Street NW	(b) ⁽	55 Fifth Street NW
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314	-6	, , 11 0 0	Roy 6327-	Tallahassee El 32314

FILING FEE: \$25.00

INHS18 (2/14)