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SECRETARY OF STATE DIVISION OF CORPORATIONS

12/5/14

COVER LETTER

	istration Section sion of Corporation's		
SUBJECT:	CAPTIVA	REAL ESTATE LLC	
		Name of Limited Liability Company	
Dear Sir or M	Madam:		
The enclosed	d Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.	
Please return	n all correspondence concern	ing this matter to the following:	
S1	TEUEN ALLAN Name of Person	CARLSON	
CA	PTIVA REAL 8 Firm/Company	ESTATE LLC	
	Po Box 49 ⁻ Address	10	
	KEY WEST City/State and Zip C	FL 33041	
<u>Car</u> E-mail	address: (to be used for future	re annual report notification)	
For further i	information concerning this r	natter, please call:	
SIE		at(239) 395-9500	
	Name of Person	· Area Code & Daytime Telephone Number	
Reg Div Clif 266	REET/COURIER ADDRES istration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
U) S	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.

1.	Nai	ne of the limited liability company: <u>CAPTIVA</u> REAL	ESTATE LLC
		1024 SOUTHARD (b)	Po Box 4970
2. ((Ψ) .		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		KEY WEST FL 33040	KEY WEST 33041
		12/01/2011 L 110 Date of filing/registration in Florida 4.	000 135 644
3.		Date of filing/registration in Florida 4.	Document number
5.	(a)	STEWEN ALLAN CARLSON	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
		15000 BINDER DRIVE	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u>. =</u>
		CAPTIVA FL 33924	14 VISI
			SLORE TARRY OF STATE ONE NVISION OF CORPORATIONS 14 Nbv 25 PM 2: 41
		, FL	ARY CONTRACTOR
	(h)		P RPOU
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	A 22 ATAI
			E OK
		1024 SOUTHARD	
		NEW Registered Office Address:	
		KEY WEST FL 33040	
		. FL	
the age was	cha nt w s/we	mited liability company is not organized under the laws of the State of Florige or changes are made, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability company.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
<u> </u>	ignat	thren Allan Carlson Je of a member or authorized representative of a member STEVEN	ALLAN CARLSOJ Printed or typed name of signee
pro the to 1	visi obli nere ifieq	y accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address, I hereby confirm that it in writing of this change.	ncity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Sig	<u>S</u> natui	twee Allan Carlagen e of Registered Agent	