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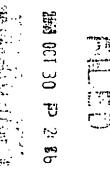
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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	16205 CAPTIVA DRIVE LLC			
		f Limited Li	ability Company	
Dear S	iir or Madam:			
The en	iclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning this n	natter to the	following:	
Jasoi	n Maughan, Esq.			
	Name of Person		<b>-</b>	
Maug	ghan Law Group			
	Firm/Company		_	
1101	Periwinkle Way, Suite 103			
	Address		_	
Sanib	pel. FL 33957			
	City/State and Zip Code			
	@taracap.com			
E	E-mail address: (to be used for future annual	report notifi	cation)	
For fur	rther information concerning this matter, ple	ase call:		
Jasor	n Maughan	239 at (	472-2424	
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
Enclosed is a check for the following amount:				
	□ \$25 Filing Fee	<b>☑</b> \$5	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.

	time of the limited liability company: 16205 CAPT			P O Bo	x 207			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	b) _	······································	Marling a			bility company FFICE BON
	Captiva, FL 33924	<u> </u>		 Captiva	, FL 33	924		
	02/15/2012		L1	20000	22778			
	Date of filing/registration in Florida	4.			Docum	eat num	bei	-
(a)	Colm Lanigan							
	Registered Agent and Registered Office shown on the records of 16205 Captiva Drive  Registered Office Address (MUST BE FLORIDA STREET)			prof Sta				
	Captiva .FL	33924	1		-			
	Enter name of NEW Registered Agent and/or NEW Registered  Maughan Law Group  NEW Registered Office Address:	Office m	ilitre	<u></u> .		West March	263 OCT	1 T T 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1101 Periwinkle Way, Suite 103						ر 10	· · · · · · · · · · · · · · · · · · ·
		33957	7		_		ان (ق	
ne cha gent v ras/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	the regi ability c of the lin	ister :omp mite	ed offic rany, it d liabil <del>i</del>	e and this hereby ty compa	e busines / confirm	is office led that	e of the registe the changers)
	Can lev.	Co	olm	Laniga	ın			
Signat	ture of a member of authorical representative of a member				Printed	or typed na	ime of sig	cuco
rovisi se obl s mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a change in the registered office address. It is writing of this change	ree to ac perform d for in hereby c	at in manc Cha conf	this cap to of my ipter 60 irm that	pacity. I duties, a 5, F.S. C the limi	further o ind Lam Or, if this wed habit	igree to jamilia docum ity com	comply with a r with and acc ent is being fi pany has beer
ignatu	re of Registered Agent							
	Division of Corporations • P.O. I	Box 632	7•	Tallaha	ssec, F1	. 32314		

FILING FEE: \$25.00

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: 16205 CAPTI	IVA DRIVE	LLC						
	16205 CAPTIVA DRIVE	(b) P	(L) P O Box 207						
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	Captiva, FL 33924		aptiva, FL 33924						
	02/15/2012	L12	2000022778						
3. 5. (a)	Date of filing/registration in Florida  Colm Lanigan	4.	Document number						
(u)	Registered Agent and Registered Office shown on the records of 16205 Captiva Drive	the Florida Dep	r of State:						
	Registered Office Address (AIUST BE FLORIDA STREET)	ADDRESS)							
	Captiva FL	33924	B 007 30						
45.3	Jason Maughan, Esq.								
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address							
	Maughan Law Group		10 30 P 2						
	NEW Registered Office Address:								
	1101 Periwinkle Way, Suite 103								
	Sanibel,FL	33957	<u> </u>						
the cha agent v	imited liability company is not organized under the landinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of the operating agreement of the	the registere lability compi of the limited	any, it is hereby confirmed that the changers) Hisbility company or as otherwise provided in						
	Can Levi	Colm t	anigan						
	ture of a member of authorized representative of a member by accept the appointment as registered agent and age	ree to act in t	Printed or typed name of signer this capacity. I further agree to comply with the						
provisi the obl to mer	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is in writing of this change	performance at for in Chap hereby confi	e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited hability company has been						
Signatu	ire of Registered Agent								
	Division of Corporations • P.O.	Box 6327 • 7	fallahassee, FL 32314						

FILING FEE: \$25.00