## 412000072616

(F	Requestor's Name)					
(Address)						
(Address)						
(0	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to CMS. Me	ors add to					
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Office Use Only



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M. MILLIGAN AUG 03 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	Porter Capital LLC					
Name of Limited Liability Company						
Dear S	ir 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:						
Chery	/l Collin	<u> </u>				
_	Name of Person					
Porte	r Capital LLC					
	Firm/Company					
РО В	ox 3031	,				
	Address	,				
Palm	Beach, FL 33480	1				
	City/State and Zip Code	1				
misso	heryl72@yahoo.com	ı				
E	-mail address: (to be used for future annu	ual report notification)				
For fur	ther information concerning this matter, p	please call:				
Chery	d Collin	561 429-8477				
	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 Fee					

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. N	ame of the limited liability company: Porter Capital	LLC		
2. (a)			(b)	
J. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	—		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	327 Dyer Road		PO Box	3031
	West Palm Beach, FL 33405	<del>_</del>	Palm Be	ach, FL 33480
	5/31/2012		L1200007	72616
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a	Cheryl Collin - Mgr			
J. (4.	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of State	: ::
	Jules Franco - Registered Agent		:	G G
	Registered Office Address (MUST BE FLORIDA STREET) 327 Dyer Road	4DDRI	<u>ESS</u> ,	SECIAL SECIAL 17 JUL
	West Palm Beach	3340	)5	JUL 20
		,		· · · · · · · · · · · · · · · · · · ·
(b)				AH POPONIAN POPONIAN
ν-,	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	
	32M Door Rd. NEW Registered Office Address:			
	West Palm Beach FL		33405	
the ch agent was/w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ligger authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reability of the	egistered office /company, it is limited liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Chery I Coll	<u>C</u>	heryl Collin	
•	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is din writing of this change.	ree to perfo d for i hereby	act in this cape rmance of my c in Chapter 605 v confirm that	acity. 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

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

Signature of Registered Agent