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(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section TO: Division of Corporations Action Capital LLC Name of Limited 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: John J Hamer Name of Person **Action Capital LLC** Firm/Company 36750 US Hwy 19 North #2690 Palm Harbor, FL 34684 City/State and Zip Code actionfin@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John J Hamer Area Code & Daytime Telephone Number Name of Person -STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

C	, ,	,		
1.	Nar	ne of the limited liability company: Action Capital LLC		
2	(-)	Dain single of the address of the its definition and the interior	Antina Carital III C	
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Action Capital LLC 36750 US Highway 19 North Unit 2690	
		(NOIE: MUST BE STREET ADDRESS)	Palm Harbor, FL 34684	
		·		
	(b)	Mailing address of limited liability company:	Action Capital LLC	
	(4)	(Note: MAY BE POST OFFICE BOX)	36750 US Highway 19 North Unit 2690	
			Palm Harbor, FL 34684	
10	/19/201	2	L12000133318	
3,	Dat	e of filing/registration in Florida	L Document number	
5.	(a)	Registered Agent and Registered Office shown on the		of State:
		Registered Agent:	Corporation Service Company	
		Registered Office Address:	1201 Hays Street	
		Registered Office Madress.	Tallahassee, FL 32301	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:	
		NEW Registered Agent:	John J Hamer	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	36750 US Highway 19 North Unit 2690	
			Palm Harbor	,FL 34684
an lia th th	onfirmed the ability e me e operature	imited liability company is not organized under the land that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise erating agreement of the limited liability company. The office of amender of authorized representative of a member or typed name of signee by accept the appointment as registered agent and ago with the provisions of all statutes relative to the province of the provisions of all statutes relative to the province of the province of this document is being filed to mer so, I hereby confirm that the limited liability company	orida street address of the registral. Or, in the case of a Florid was/were authorized by an affire provided in the articles of or	stered office a limited irmative vote of ganization or
		s, I hereby confirm that the limited liability company c of Registered Agent	nas veen notified in writing	i inis g nange.

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

INHS18 (05/08)