L12000152983

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: First Capital Real Name of Limited	ty Invectors and LLC d Llability 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:	
Paul Day to Johnn Name of Person		
First Capital Realty Invostmits LKL Firm/Company		
427 S. New York Ove- S. Address	203	
Winter Parly F1 31>69 City/State and Zip Code		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (7)	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount.		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. Na	me of the limited liability company: First Capital Realty Involtments LL
2. (a)	427 S. New York Ove (b) 427 S. New York Our
_ (,	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Suit 203 Suit 203
	Winter Parle, F' 32759 Winter And Parle #13275
	12000152983
	12/7/2012 6 12000 152 983
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Paul D. Johnson Cr.
` `	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	950 N. Orlando Que.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Suita 190
	Winter Paul FL 32789
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	427 5. New York Ove
	NEW Registered Office Address:
	Suit 203
	White face ,FL 327f1 3 5
If the l	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	nge or changes are made, the Florida street address of the registered office and the business office of the registered
was/we	vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
D	ture of a member of authorized representative of a member Printed or typed name of signee
	//
l herei provisi	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am tamiliar with and accept
the obl	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notified	is reflect a change in the registered office address, I hereby confirm that the timited tiability company has been if in writing of this change.
11/D	ul V. We
Signatu	re of Registered Agent