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Division of Corporations

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From:

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Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE CAPITAL PROPERTIES FLORIDA LLC

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## 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

Floride			ation F	dorido II C			
I. Na	nme of the limited liability company: Capital F	ropei	ties F	lorida LLC			
2. (a)		(b	)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	7901 4th St N STE 300						
	St. Petersburg FL 33702				- <del></del> -		
	08/05/13		L1300	00113548			
3.	Date of filing/registration in Florida	4,		Document number			
5. (a)	AIGES, SAMUEL						
.). (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ite:			
	5846 SOUTH FLAMINGO ROAD# 26	60			<u> 2</u> 9.	25 26	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	)		3 - 7 3 - 7 7 - 7	10 25 JUG 25	• •
					表現	ري ج	 i -
	Cooper City , FI	. 33330	)	_	10 <b>0</b> 10 <b>0</b> 1000	5 P.	j r
.1.	Northwest Registered Agent I	LLC			1997. 113	13:4	Ĺ
(b)	Enter name of NEW Registered Agent and/or NEW Registered		iress:	_	ديا ٿ	<del>-</del>	
	7901 4th St N						
	NEW Registered Office Address:	***		_			
	STE 300	_		<del></del>			
	St. Petersburg	33702	!				
the cha agent v was/wa the art Signa I here provisa the obi to mer	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the true of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	of the regis iability co of the lim e limited l MO	stered officempany, it ited liability corrections of the real of t	ce and the business officis hereby confirmed that ity company or as other empany.  Oble  Printed or typed name of pacity. I further agree to during and I am family	ce of the reat the chan wise provides signee to comply iar with an	egistered gc(s) ded in with the d accept	-

Signature of Registered Agent

Tom Glover - Assistant Secretary