113000131899

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Eiling Officer			
Special Instructions to Filing Officer:				
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LCC RAPROChange

'AUG 2 9 2014

T. CARTER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ						
	Nan	Name of Limited Liability Company				
Dear S	Sir or Madam:					
The er	aclosed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	ollowing:			
Jeffre	ey Sojack					
	Name of Person		-			
Soja	ck Capital LLC					
	Firm/Company	····	unter the state of			
1733	Briar Circle					
	Address		_			
Dune	edin, FL, 34698					
	City/State and Zip Code					
jeffre	y.sojack@gmail.com					
1	E-mail address: (to be used for future ann	nual report notific	cation)			
For fu	rther information concerning this matter,	, please call:				
Jeffre	ey Sojack	727	238-1102			
	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 Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5:	Filing Fee & Certified Copy			
INHS	8 (2/14)					

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

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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: Sojack Ca	pital LLC	
2. (a)	1733 Briar Circle, Dunedin, FL, 34698	(b)	33 Briar Circle, Dunedin, FL, 34698
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	9/18/2013 Date of filing/registration in Florida	L13	000131899 Document number
3.	Date of filing registration in Clouds	٦.	Bocament named.
5. (a)	Registered Agent and Registered Office shown on the record United States Corporation Agents, Inc. Registered Office Address (MUST BE FLORIDA STRE		, of State:
	13302 Winding Oak Court A		
	Tampa	, FL_33612	
(b)	Enter name of NEW Registered Agent and/or NEW Regist	d Office address	the state of the s
	Enter name of NEW Registered Agent and of NEW Register	erea Office address	Jan Carren
	Jeffrey Sojack		
	NEW Registered Office Address:		ज अस्
	1733 Briar Circle		— — — — — — > — > — — > — — — — — — — —
	Dunedin	, _{FL} 34698	
the cha agent v was/we the arti	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membericles of organization or the operating agreement of ture of a member or authorized representative of a member	s of the registere d liability comparts of the limited the limited liability	d office and the business office of the registere any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Sojack Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	agree to act in t lele performance vided for in Chap s, I hereby confir	nus capacity. I juriner agree to comply with the of my duties, and I am familiar with and acceptorer 605, F.S. Or, if this document is being filed in that the limited liability company has been