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DIVISION OF CURE DEPARTMENTS

O SIMMONS AUG 1 5 2017

COVER LETTER

TO:	Registration Section Division of Corporations	;				
SUBJE	MAINSAIL CAPITAL LLC					
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The enc	losed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.			
Please r	return all correspondence concerning this n	natter to the fo	llowing:			
JB RC	OTH					
	Name of Person		-			
ROTH	I LAW FIRM PL					
	Firm/Company		-			
6100	GREENLAND RD., SUITE 604					
	Address		•			
JACK	SONVILLE, FL 32258					
	City/State and Zip Code		-			
JB@R	ROTHLAWFIRM.NET					
E-	mail address: (to be used for future annual	report notifica	ation)			
For furt	her information concerning this matter, ple	ase call:				
JB RO		904	595-7900			
	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	Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, Florida 32314			
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee ☐ \$5.			Filing Fee & Certified Copy			

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. Na	nme of the limited liability company: MAINSAIL CA	PITAL	LLC		_
2. (a)	822 HIGHWAY A1A N	(b	822 HIG	SHWAY A1A N	
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)	_
	STE 208		STE 208	3	
	PONTE VEDRA BEACH, FL 32082	_	PONTE	VEDRA BEACH, FL 32082	_
	02/03/2014		L1400011	L14000119696	
3.	Date of filing/registration in Florida	4.		Document number	_
5. (a)	ROTH LAW FIRM PL				
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			::	
	234 CANAL BLVD				s
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			AUG	-
	SUITE 2			9 7 [= 11
	PONTE VEDRA BEACH	32082		HILLE 17 AUG 14 PM 1: 32 OLVISION OF CURP CHARLENS	$\prod_{i=1}^{n}$
	, ru				_
(b)	ROTH LAW FIRM PL			3 2	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			Ĉo .	
	6100 GREENLAND ROAD				
	NEW Registered Office Address:			•	
	SUITE 604				
				•	
	JACKSONVILLE . FL	32258		_	
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co f the lim	stered office ompany, it is lited liability	e and the business office of the registere is hereby confirmed that the change(s) y company or as otherwise provided in	:d
		JEA	AN B ROT	H, AUTH. REPRESENTATIVE	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	_
provisi the obl to mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	e to act perform I for in C ereby co	in this capa ance of my d Thapter 605, onfirm that t	acity. I further agree to comply with the duties, and I am familiar with and acce , F.S. Or, if this document is being filed the limited liability company has been	e pt d
Signatu	re of Registered Agent				