

(Requestor's Name)							
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(Address)							
(Address)							
(City (Chata) 7 in (Dhana dh							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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## COVER LETTER

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INHS18 (2/14)

TO:	Registration Section Division of Corporations							
MAINSAIL CAPITAL VENTURES LLC								
Name of Limited Liability Company								
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing.					
Please	e return all correspondence concerning th	is matter to t	he following:					
JB R	отн							
-	Name of Person							
ROT	H LAW FIRM PL							
	Firm/Company							
6100	GREENLAND RD., SUITE 604							
	Address							
JACI	KSONVILLE, FL 32258							
	City/State and Zip Code							
JB@	ROTHLAWFIRM.NET							
	E-mail address: (to be used for future and	nual report n	otification)					
For fu	orther information concerning this matter	. please call:						
JB R		904 at (	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		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					

## 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.

I. Na	ame of the limited liability company: MAINSAIL CAPITAL VENTURES LLC					
2. (a)	822 HIGHWAY A1A N	(t	, 822 HIG	HWAY A1A N		
<b>-</b> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (		Mailing address of limite (Note: MAY BE POS		
	STE 208	_	STE 208	<u> </u>		
	PONTE VEDRA BEACH, FL 32082	<del></del>	PONTE	VEDRA BEACH	, FL 32082	
	03/03/2014		L1400003	35324		
i.	Date of filing/registration in Florida	4.		Document number		
5. (a)	ROTH LAW FIRM PL					
·. (a)	Registered Agent and Registered Office shown on the records of the	he Florida	a Dept. of State	::		
	234 CANAL BLVD					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>			
	SUITE 2					
	PONTE VEDRA BEACH	32082			21. <u>24</u>	
	FL_				7 AUG	
(b)	ROTH LAW FIRM PL				ਨੂੰ ਹੈ <b>ਨ</b>	
	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress.		SSER SSER	
	6100 GREENLAND ROAD			!	AN III L	
	NEW Registered Office Address:			·	64: 64:	
	SUITE 604				, w	
	JACKSONVILLE , FL	32258				
fiha li				rida it la bander	nfirmad that after	
he cha	mited liability company is not organized under the law nge or changes are made, the Florida street address of	the regi	stered office	and the business of	ffice of the registered	
igent w	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	ibility co	ompany, it is	hereby confirmed to	that the change(s)	
	cles of organization or the operating agreement of the l				erwise provided in	
		JE/	AN B ROT	H, AUTH. REPR	ESENTATIVE	
Signat	ure of a member or authorized representative of a member		-	Printed or typed name	of signee	
provisio he obli o mere	by accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	perform	ance of my o	luties, and I am fam	iliar with and accen	
Sionatur	rent Registered Agent					