

L140000 43935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

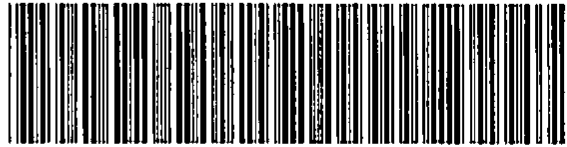
Special Instructions to Filing Officer:

RECEIVED

2017 AUG 14 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



800302013988

08/15/17--01001--001 **1075.00

2017 AUG 14 AM 10:31
TALLAHASSEE, FLORIDA

FILE

AUG 15 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAINSAIL CAPITAL FUND LLC

Name of Limited Liability 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:

JB ROTH

Name of Person

ROTH LAW FIRM PL

Firm/Company

6100 GREENLAND RD., SUITE 604

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

JB@ROTHLAWFIRM.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JB ROTH

904

595-7900

at ()

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

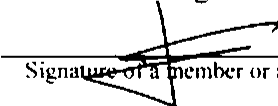
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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.

1. Name of the limited liability company: MAINSAIL CAPITAL FUND LLC
2. (a) 822 N. HIGHWAY A1A
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
SUITE 208
PONTE VEDRA BEACH, FL 32082
- (b) 822 N. HIGHWAY A1A
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
SUITE 208
PONTE VEDRA BEACH, FL 32082
3. 03/17/2014
Date of filing/registration in Florida
4. L14000043935
Document number
5. (a) ROTH LAW FIRM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
234 CANAL BLVD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 2
PONTE VEDRA BEACH, FL 32082
- (b) ROTH LAW FIRM PL
Enter name of NEW Registered Agent and/or NEW Registered Office address:
6100 GREENLAND ROAD
NEW Registered Office Address:
SUITE 604
JACKSONVILLE, FL 32258

FILED
2017 AUG 14 AM 10:31
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

JEAN B ROTH, AUTH. REPRESENTATIVE

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent