## L14000117399

(Requestor's Name)							
(Ad	dress)						
(Ad	dress)						
(Cit	y/State/Zip/Phone #	)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Name	)					
(Do	ocument Number)						
Certified Copies	_ Certificates o	f Status					
Special Instructions to Filing Officer:							





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<sup>ди6 05 2015</sup> J. HARRIS

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations							
SUBJECT: Capital Dry Clean 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:							
Kristin Assis Name of Person							
Capital Dry Clean, DBA Oxxo Care Cleaner's							
2200 Calades Rd. Suite 507 Address							
Brea Raton, FL 33431 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Kristin Assis at (954) 294-4679  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.

l. Na	me of the limited liability company: Capital	Dn	1 Clea	n LLC		<u> </u>
2. (a)	SOCIOCIE CHOCOPOCO		)			
(, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-	Ma	iling address of limit (Note: MAY BE PO		
	2200 Glades Rd. Suite 50	77	3026	1 NE 31	d Ave	<u>,                                      </u>
	Boca Raton, FL 33431					
	7/25/2014		414	Occument number	399	
3.				ocument number	r	
5. (a)	Registered Agents Inc. Registered Agents Inc	T31 ' 1	D			
		Florida	Dept. of State:			
	3030 N Rocky Point Rd. Registered Office Address (MUST BE FLORIDA STREET ADI	DRESS	·)			
	The state of the s		4			
	Tampa ,FL_	33	607		· 5	
(b)	Kristin Assis				15 AUG -3	
	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice ad	dress:			
	3024 NE 3rd Ave,				PH 2:	
	NEW Registered Office Address:				<b>三</b>	
	Wilton Manors , FL	32	3334			
If the li	mited liability company is not organized under the laws	of the	State of Flori	ida, it is hereby c	confirmed that	after
the cha	nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabi	e regis	stered office a	and the business	office of the r	egistered
was/we	re authorized by an affirmative vote of the members of the solution of the operating agreement of the line	he lim	ited liability	company or as ot		
the arth	Lesson of the operating agreement of the till			•		
Signat	ure of a member or authorized representative of a member			ASS IS Printed or typed name	e of signee	
I herel provision the obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe- igations of my position as registered agent as provided for By reflect a change in the registered office address, I her I in writing of this change.	to act erform for in C reby c	t in this capac ance of my di Chapter 605, onfirm that th	sity. I further agg uties, and I am fa F.S. Or, if this d e limited liability	ree to comply miliar with an ocument is be y company ha	with the nd accept ing filed s been
Signatur	Rust (sous)					