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Special Instructions to	Filing Officer:								
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AUG 04 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Peregrine Captive Manag		
N	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Lisa Clay		
Name of Person		78 5
Captive Alternatives, LLC		音の記書
Firm/Company	· · · · · · · · · · · · · · · · · · ·	7 CT
10 Glenlake Parkway, Suite 140		
Address		<u>~</u> 2(1)
Atlanta, GA 30328		
City/State and Zip Code	•	
lisa@captivealternatives.com		
E-mail address: (to be used for future a	nnual report notification)	
For further information concerning this matte	er, please call:	
Lisa Clay	404 857-1373	
Name of Person	Area Code & Daytime Telephon	e 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	ng amount:	
☑ \$25 Filing Fee	□ \$55 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.

ı.	Na	me of the limited liability company: Peregrine Cap	otive N	/lana	geme	ent, LLC	
2.	(a)		(b)			
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `			Mailing address	s of limited liability company: (BE POST OFFICE BOX)
		10 Glenlake Parkway		10	Glen	lake Parkw	<i>ı</i> ay
		Suite 140		Su	iite 14	10	
		Atlanta, GA 30328		Atla	ınta, (GA 30328	
3.		Date of filing/registration in Florida	4.			Document n	number
5	(a)	August 8, 2014					
٥.	(α)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept.	. of State	– e:	THE OF THE PROPERTY OF THE PRO
		Corporation Service Company					國島口
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u>s)</u>		_	TOPE OF THE OF T
		1201 Hays Street					20
		Tallahassee ,FL	32301			<u>-</u>	10000000000000000000000000000000000000
	(b)						
	(-)	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:		-	
		Robert A Zack, PA					
		NEW Registered Office Address:			•	-	
		3958 DeFoe Square	<u> </u>			_	
		Sarasot q ,FL	34241				
the age was the	chaint w s/we artic	mited liability company is not organized under the law- inge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the liab are of a member or authorized representative of a member	he regist fility could the limit	stered ompar nited l liabili	l office ny, it is liability ty com	e and the busi s hereby conf y company or	iness office of the registered firmed that the change(s)
I have	ereb visio obli gre ified	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered affice address, I he in writing of this change.	e to act erform for in (ereby co	t in th ance (Chapt onfirn	is cape of my c er 605 n that i	acity. I furth duties, and I , F.S. Or, if the limited lid	er agree to comply with the am familiar with and accept this document is being filed ability company has been

Signature of Registered Agent