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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CAP - Injostments FU 110 22C Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Call Pavaro Name of Person				
CAP Front FL 110 CLC Firm/Company				
2490 Black Buck Turnpike #286 Address				
Far held cT 06825 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Call Parano 111(444, 640-4415				
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:				
X \$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 Stanues, 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.

Aorida - S	Name of the limited liability company: CAP Javeshwen to FL	110 666
	21.5	
2. (a) ₋	Principal office address of limited liability company: Mailing add (Nate: MUST BE STREET ADDRESS) (Nate: M	ress of limited liability company: <u>AY BE POST OFFICE BOX</u>)
	2470 Black Rick Tunpike #-286 2470 Bl.	GOK KOOK THINAK HIS
	Fairfield, CT 06825 Fairfie	10,0706835
	$\frac{9 \log 17}{\text{Date of filing/registration in Florida}} \qquad \frac{170001}{\text{Docume}}$	50225
3.		nt number
5. (a)	(a) <u>CAP Trovestments FU LL C</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2019 7/
	1502 53×4 54.	SE T
	West Palm B. G. H. 33407	
(b)	(b) Dan Wollenberger ESQ Entername of NEW Registered Agent and/or NEW Registered Office address:	FILED AND: 56
	4500 PGA- Blue Su. Le 104	39 · · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address: Palm Beach bardens FL. 33-118	
	, 171	
the ch agent	the limited liability company is not organized under the laws of the State of Florida, it is change or changes are made, the Florida street address of the registered office and the tent will be identical. Or, in the case of a Florida limited liability company, it is hereby as/were authorized by an affirmative vote of the members of the limited liability compace articles of organization or the operating agreement of the limited liability company.	confirmed that the change(s)
	Call	Favavo a typed name of signee
	Signature of a meaning of the manufacture of the second of	further away to comply with the
provi: the of	hereby accept the appointment as registered agent and agree to act in this capacity. It rovisions of all statutes relative to the proper and complete performance of my ditties, are obligations of my position as registered agent as provided for in Chapter 605. F.S. Comerely reflect a change in the registered office address. I hereby confirm that the limitatified in writing of this change.	Se if dois document is being filed
Signa	ignature of Registered Agent	
	Division of Corporations P.O. Box 6327 Tallahassee, FL	, 32314

FILING FEE: \$25.00

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