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K. SALY OCT -4 2017

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons					
SUBJECT:	Spuns	CAPITAL	MANAGEMENT, LLC			
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Ager	nt/Registered Off	Tice Change and fe	e(s) are submitted for filing.			
Please return all corresponden	ce concerning th	is matter to the fol	lowing:			
PLOBERT M.	CHISHOL	in				
Name	of Person					
POBERT IN	. CHESHO	in, PA.				
Firm/	Company					
7378 500 4	18 STILES	T, STE.B				
Ado	Iress					
MIAWI, A	33155					
City/State	and Zip Code					
RIMI @CitzsHow						
E-mail address: (to be us	sed for future and	nual report notifica	tion)			
For further information concer	rning this matter.	. please call:				
ROVERT M. CHESHOL	١٠٠١	at (30T	) 667-4261			
Name of Person	on	,	Area Code & Daytime Telephone Number			
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons r Circle	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, Florida 32314			
Enclosed is a check f	or the following	g amount:				
☑ \$25 Filing Fee		<b>\$</b> 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.

1. Name of the limited liability company:	15 CAP	ETAL MAN	AGEMEN	IT, LLC	
2. (a) 7378 SW 48 STREET SUIT  Principal office address of limited fiability company:  (Note: MUST BE STREET ADDRESS)		·	g address of lin	STVLEST, nited liability con	npany:
MIANUT, FL 33155		NIIA	nt, R	33155	
11/21/2014		L14000	18097	)	4
3. Date of filing/registration in Florida  5. (a)   CATSTOFEA   KLOT Z	4.	Doci	ument numb	er	
Registered Agent and Registered Office shown on the record  7378 500 48 57WEET,  Registered Office Address (MUST BE FLORIDA STRE	SUTTE	ß			
(b) DOBERT M. CHISHOLM.	, FL 3°	3155		2017 OCT -3	
Enter name of NEW Registered Agent and/or NEW Registered  7378 SUJ (18 SPIEET)  NEW Registered Office Address:	ered Office add	lress:		2017 OCT -3 PM 2: 31	į (
NIFAUI	FL 3	3155-			1
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of Signature of a member or authorized representative of a member.  I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complete obligations of my position as registered agent as provious merely reflect a change in the registered office address motified in writing of this change.  Signature of Registered Agent	s of the regis d liability co ers of the lim the limited l	ntered office and mpany, it is here ited liability company    Doping Up	the business by confirme apany or as confirme apany or as confirme and the confirme are the confirme as a confirme are the confirme as a confirment as a confirme as a confirment as a confirme as a confirment as a confirme as a confirme as a confirme as a confirment as	office of the ed that the chaptherwise proves of the complete to c	registered nge(s) rided in