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## **COVER LETTER**

TO:

INHS18 (2/14)

TO: Registrati Division of	on Section of Corporations		
SUBJECT:	Vertex Capital Private Fo	und, LLC	
	Nam	e of Limite	ed Liability Company
Dear Sir or Madar	n:		
The enclosed Reg	istered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.
Please return all c	orrespondence concerning thi	s matter to	the following:
Thom	as Guenther		
	Name of Person		
Vertex	Capital Private Fund, LLC		<del></del>
	Firm/Company		
	22458 SW 56th AVE		
	Address		
Воса	Raton, Florida 33433	<u> </u>	<del></del>
	City/State and Zip Code		
	rtexcapitalprivatefund.com		
E-mail addre	ess: (to be used for future ann	ual report r	notification)
For further inform	nation concerning this matter,	please call	:
Nicholas Urrutia		at (630	) 631-6597
N	ame of Person		Area Code & Daytime Telephone Number
STREET	COURIER ADDRESS:		MAILING ADDRESS:
•	on Section		Registration Section
	of Corporations		Division of Corporations
Clifton Bu	<del>_</del>		P.O. Box 6327
	cutive Center Circle ee, Florida 32301		Tallahassee, Florida 32314
Enclosed	is a check for the following	amount:	
<b>☑</b> \$25 Fil	ing Fee	C	\$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.	Na	me of the limited liability company:Vertex Capit	al Priva	te Fund,	rrc
2. (a	1)	2309 TAMIAMI TRAIL, Nokomis, Florida 34275		(b)	2309 TAMIAMI TRAIL, Nokomis, Florida 34275
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Nokomis, FL 34275	<del>-</del>		Nokomis, Fl 34275
		03/23/2015	_		L15000052065
3.		Date of filing/registration in Florida	4.		Document number
5. (	a)	Todd Jaeckel			
		Registered Agent and Registered Office shown on the records of the	he Flori	da Dept. o	f State:
		2309 Tamiami Trail			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>	<del></del>
		Nokomis , FL3	34275		2015 SEP SECRET
a	<b>)</b>	Thomas Guenther			\$2 \$38 \$38
(,	•,	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	ddress:	
		22458 SW 56th Ave  NEW Registered Office Address:			A IO: 13  FLORIDA
		Boca Raton FL	<del>.</del>	33433	· · · · · · · · · · · · · · · · · · ·
the cagen was/the a	ha t w we rti	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	the reg bility of f the li limited	gistered of company mited lia l liability Ni	office and the business office of the registered, it is hereby confirmed that the change(s) shilling company or as otherwise provided in company.  Cholas Urrutia, Managing Member  Printed or typed name of signee
I he prov the o to mo notif	ret isid bli ere ìea	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I ha I in writing of this change.	ee to a perfori for in ereby	ct in this mance of Chapter confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed that the limited liability company has been
		mas Guenther			
Signa	atur	re of Registered Agent			