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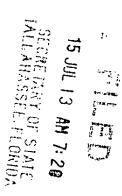
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

TO:	Registration Section Division of Corporations	,		
SUBJI	Capital Real Estate Group LLC	C		
Name of Limited Liability Company				
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:				
Dave	Mason			
	Name of Person	1.20	-	
Capi	tal Real Estate Group LLC			
• • • • • • • • • • • • • • • • • • • •	Firm/Company		-	
1886	5 State Road 54 Suite 180			
	Address		•	
Lutz,	FL 33558			
	City/State and Zip Code		-	
suppo	ort@capitalrehabgroup.com			
E	-mail address: (to be used for future annua	l report notifica	ation)	
For further information concerning this matter, please call:				
Dave	Mason	844 at (240-2399	
	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	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
	Enclosed is a check for the following 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.

l Na	me of the limited liability company:	Estate Grou	p LLC
2. (a)	18865 State Road 54 Suite 180	188 (b)	365 State Road 54 Suite 180
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lutz, FL 33558	Lut	z, FL 33558
	5/1/2015	L150	000078619
. (a)	Date of filing/registration in Florida Dave Clabeaux	4.	Document number
. (4)	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET) 18865 State Road 54 Suite 180	(ADDRESS)	
	Lutz, F	33558	
(b)		1000	ASSET S
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Dave Mason	ed Office address:	OF SIAN
	NEW Registered Office Address: 18865 State Road 54 Suite 180		
	Lutz , F	33558 L	
ne cha gent w vas/we ne arti	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. abeaux
_	ure of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obl o mere otified	by accept the appointment as registered agent and accept on sof all statutes relative to the proper and completigations of my position as registered agent as providily reflect a change in the registered office address, if in writing of this change.	gree to act in thi e performance o led for in Chapto I hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been