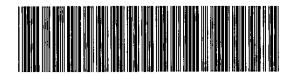
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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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OCT 13 2015 S. YOUNG

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Caplin Management Group, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert L. Jones III

Jimerson & Cobb, P.A.
Firm/Company

One Independent Drive, Suite 1400
Address

TackSonville, FL 32202
City/State and Zip Code

F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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:

🕽 \$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:	nanaa	ement	Group, LLC
	6440 South point Parkway.	Ų	•	as Principal
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*)	Mai	ling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	Suite 300			
	Jacksonville FL 32216			
	05/27/2015		L 1500 0	097033
3.	Date of filing/registration in Florida	4.	Do	ocument number
5. (a)	Jones, Robert LIII			
	Registered Agent and Registered Office shown on the records of the	e Florida D	Dept. of State:	
	5150 Belfort Road Building 50		·	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		、 英語 一番
		· <u>-</u>	.`	
	JackSonville , FL	3225	6	
				N M
(b) .				
	Enter name of NEW Registered Agent and/or NEW Registered C	<u>Mice addr</u>	<u>ess</u> :	w w
	One Independent Drive Suite	1400	·	11 22
	NEW Registered Office Address:			·
		7220	22	
If the li	mited liability company is not organized under the law.	s of the S	tate of Floric	ia, it is hereby confirmed that after
the char	nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited lial	he registe bility con	ered office an	id the business office of the registered
was/we	repauthorized by an affirmative vote of the members of	the limit	ed liability c	ompany or as otherwise provided in
ine arti	les of organization or the operating agreement of the l			-
Signat	rure of a member of suit sprized representative of a member		· · Charc Pi	rinted or typed name of signee
I hereb provision the oblition	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.			
Signatur	re of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00