

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PURCELL, FLANAGAN, HAY & GREENE, P.A.
Account Number : 071722000522
Phone : (904)355-0355
Fax Number : (904)355-0820

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lflood@pfhglaw.com

LLC REGISTERED AGENT CHANGE
CAPLIN FAMILY, LLC

Certificate of Status	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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APR 20 2018

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: CAPLIN FAMILY, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1210 Journeys End Lane
Jacksonville, FL 32223

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1210 Journeys End Lane
Jacksonville, FL 32233

3. November 12, 2015
Date of filing/registration in Florida

4. L15000191422
Document number

5. (a) Robert L. Jones, III
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
501 Commendancia Street
Pensacola, FL 32502

(b) Brian J. Hershorin
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1548 Lancaster Terrace
Jacksonville, FL 32204

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Brian Hershorin
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

Brian J. Hershorin, Esquire
Purcell, Flanagan, Hay & Greene, P.A.
1548 Lancaster Terrace
Jacksonville, Florida 32204
Telephone: 904/355-0355
Fla. Bar No.: 14375

From: GFI FaxMaker

To: 8506176383

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Date: 4/19/2018 12:45:44 PM



3773 Howard Hughes
Parkway - Suite 500
South
Las Vegas, NV 89169-
8014
Tel: 702.866.2500 /
800.2.INCORP
Fax: 702.866.2689
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To:

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Subject: vCloudi, LLC, #L16000069497

Message: Please find the attached. Thank you.

Kathy Shin

Total number of pages including cover page: 4