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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Limited Liability Company
rvanic of	Elimited Diability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Darrell Lichardson Name of Person	
Got Capital LLC Firm/Company	
4780 NW 20 ST Address	
Laudechill FC 33313 City/State and Zip Code	
Cotcapital4@ gmail-Ce E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	ise call:
Sandra Simmonds a	1 (904) 405 - 4208 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
\$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.

	4 180 NOO SO STREET, RAUDERAL	<u>Cap</u>	1774 DC-41		33/5	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	01/19/2016			0012702		
	Date of filing/registration in Florida	4.	Docum	ent number		
. (a)	SANDRA SIMMONDS					
	Registered Agent and Registered Office shown on the records of th	ne Florida D	ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		20 1		
	4780 NW 20 ST			Z Z	CHIEF TOPA	
	LANDERHILL FL	33.	313	UN -6		
(b)	Darrell Richardson			SSEE SEE	M	
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	ess:			
	4780 NW 20 ST			<u>_</u>		
	Landerhill, Fl 33313			•		
	NEW Registered Office Address:					
	, FL_					
hange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of clestof organization or the operating agreement of the l	egistered oility com `the limite	office and the bu pany, it is hereby ed liability compa	isiness office of the r confirmed that the o	egistered change(s)	
	ture of a member or authorized representative of a member	SA	NORA SIA	UMONDS or typed name of signee		
Signal	ture of a member or authorized representative of a member		Printed	or typed name of signee		

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 of Registered Agent