Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000076606 3)))



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Division of Corporations

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Email Address:

LLC REGISTERED AGENT CHANGE SLOAN NORTH FLORIDA CAPITAL HOLDINGS, LLC

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Help

COVER LETTER

	istration Section ision of Corporations
SUBJECT:	SLOAN NORTH FLORIDA CAPITAL HOLDINGS, LLC
	Name of Limited Liability Company
Dear Sir or I	Madam:
The enclose	d Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
Scott Sloan	
	Name of Person
	Elms (C)
	Firm/Company
2514 southwe	est 77th street
	Address
Gainsville FI	C 32608
	City/State and Zip Code
sasloan@aol.	com
E-mail	address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
Scoti	A Sloan at 352 331-1229 Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
	WEET/COURIER ADDRESS: MAILING ADDRESS:
	stration Section Registration Section
	sion of Corporations On Building Division of Corporations P.O. Box 6327
2661	I Executive Center Circle Tallahassee, Florida 32314 ahassee, Florida 32301
Encl	losed is a check for the following amount:
□ \$:	25 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.

. (a)		(b)	
`,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		s of limited liability company; / BE POST OFFICE BOX)
	2514 SW 77TH STREET	2514 SW 77TH STREE	Т
	GAINESVILLE, FL 32608	GAINESVILLE, FL 326	508
	02/25/2016	L16000040294	
	Date of filing/registration in Florida	4. Document r	number
(a)			
(4)	Registered Agent and Registered Office shown on the records o	the Florida Dept. of State:	•
	SLOAN, SCOTT A		•
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	16 ALL SEC
	2514 SW 77TH STREET		는 물 프
	GAINESVILLE, , F	32608	IR 21
			3118 8 1 8 1
(b)	Enter name of NEW Registered Agent and/or NEW Registere		
	Enter name of NEW Registered Agent and/or NEW Registere	Office address:	
	C T Corporation System		R 28 PH 12: 42 TARY OF STATE TASSEE FLORIDA
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , F	33324	
41 - 12			
e cha	mited liability company is not organized under the la nge or changes are made, the Florida street address o	ws of the state of Florida, it is no f the registered office and the bus	reby confirmed that after the register.
ent w	till be identical. On in the case of a Florida limited t	ability company it is hereby con-	firmed that the change(s
e arti	re authorized by an affirmative vote of the members les of organization or the operating agreement of the	limited liability company.	as otherwise provided
/	188466	المستقد الما	1.3/09n
Signat	are of a member or authorized representative of a member		ed name of signee
hereb	ry accept the appointment as registered agent and as ons of all statutes relative to the proper and complete gations of my position as registered agent as provid ly reflect a change in the registered office address, I	ree to act in this capacity. I furth	er agree to comply with

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