L16000042331

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INTERNATION OF STATE OF STATE

M. MILLIGAN NAY 1 6 2017

COVER LETTER

_	sion of Corporations	
SUBJECT:	MAC POINT CAPITAL, LLC	
SOBOLCI.	Name	of Limited Liability Company
Dear Sir or I	Madam:	
The enclosed	d Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.
Please return	all correspondence concerning this	matter to the following:
MIGUELA	A. CASTILLO	
	Name of Person	
MAC POI	NT CAPITAL, LLC	
	Firm/Company	
3299 BIRI	O AVE, APT. 7	
	Address	
MIAMI, FL	.33133	
	City/State and Zip Code	
MCASTILI	LO@MACPOINTCAPITAL.CO	M
E-mail	address: (to be used for future annu-	al report notification)
For further in	nformation concerning this matter, p	lease call:
MIGUEL A	. CASTILLO	305 423-5929 at ()
	Name of Person	Area Code & Daytime Telephone Number
Regi Divis Clift 2661 Talla	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	osed is a check for the following a	mount:
₩ \$2	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.

Name of the limited liability compan	y:	CAPITAL,	LLC	
Principal office address of limited (Note: MUST BE STREE) 32 99 Bird All.		(b)_	Mailing address of limi (Note: MAY BE PO	• • •
MIAMI, FL 33/33		_ N	MAMI, FL 33/33	
02/29/2016		L1	6000042331	
Date of filing/registration MIGUEL A. CASTILLO a)	ı in Florida	4.	Document numbe	r
Registered Agent and Registered Office s	hown on the records of t	he Florida De	pt. of State:	
Registered Office Address (MUST BE 186 SE 12TH TERRACE, A		(DDRESS)		
MIAMI	, FL	33131		=
			 -	70a
Enter name of <u>NEW Registered Agent</u> an	nd/or NEW Registered	Office addres		\sim
and the state of t	NA CONTRACTOR OF THE PROPERTY	Office address	<u>a</u> .	卫
				<u> </u>
NEW Registered Office Address:				9
3299 BIRD AVE, APT. 7				
MIAMI	, FL	33/3	3	
e limited liability company is not organized hange or changes are made, the Florida will be identical. Or, in the case of were authorized by an affirmative volunticles of organization or the operation	da street address of a Florida limited lia te of the members of	the register bility comp f the limited limited liab	ed office and the business of any, it is hereby confirmed I liability company or as ot	office of the registed that the change(s)
nature of a member or authorized representati	ve of a member		Printed or typed name	of signee
reby accept the appointment as regist isions of all statues relative to the problem of all statues relative to the problem of any position as registere are reflect a change in the registere ied in writing of this anange.	ered agent and agre coper and complete p adagent as providea adoffice address, I h	ee to act in performanc I for in Cha ereby confi	this capacity. I further agr e of my duties, and I am fai pter 605, F.S. Or, if this do rm that the limited liability	ee to comply with miliar with and accoment is being file company has been
iture of Registered Agent				
Division of Cor	rnorations• P.O. B	ox 6327• T	Tallahassee, FL 32314	

FILING FEE: \$25.00