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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: First Capital Reall - Name of Limited	Insps) monto Residential 1
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Paul D. Johnson Sa.  Name of Person	
First Copital Really Investi Firm/Company	tmost Residented UC
427 S. New York Overny	<u>-S.</u> 203
Wenter Park 7/31767 City/State and Zip Code	
E-mail address: (to be used for future annual report no	A ptification)
For further information concerning this matter, please call:	
Name of Verson at (7>	O ) 597 8709  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section
	Division of Corporations
	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## 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. 1	Name of the limited liability company: First Capital Realty Investments Residential 4
2. (a	) 427 S. New York Que (6) 427 S. New york ay
	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	<u>Suite</u> 203 Suite 203
	Winter Park, F132789 Winter Park, F132789
3.	Date of filing/registration in Florida  4. Document number
J.	Date of filing/registration in Florida 4. Document number
5. (a	a) J. 11 C. Comaya
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	950 N. OAlorda One
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Sute 190
	Winter Park, F1 ,FL 32789
(b	Jill C. Omaya
(0	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	_ 427 S. New York an. Es = 15
	NEW Registered Office Address:
	Sint 203
	Windor Paule, FL 32789
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the c	hange 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)
the a	were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in rticles of organization or the operating agreement of the limited liability company.
$\mathbb{D}_{\mathcal{C}}$	
F (	nature of a member or authorized representative of a member Printed or typed name of signee
_	$\sim$ $1/\sim$
provi the o to me	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed erely reflect a change in the registered office address, I hereby confirm that the limited liability company has been led in writing of this change.
	te Smayn
Signa	iture of Registered Agent