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J LEGGETT JUN 01 2018

COVER LETTER

Division of Corporations	•					
First Capital Realty Investm	nents Residential LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning the	his matter to the following:					
Paul D. Johnson Sr						
Name of Person						
First Capital Realty Investments Resid	dential LLC					
Firm/Company						
2013 Kewannee Trail						
Address						
Casselberry, FL 32770						
City/State and Zip Code						
pjdayton1@bellsouth.net						
E-mail address: (to be used for future an	nual report notification)					
For further information concerning this matter	r, please call:					
Dayton Johnson	770 597 8709					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32314						
Enclosed is a check for the following	g amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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. Na	une of the limited liability company: First Capital F	Realty Ir	vestment	ts Residential LLC		
2. (a)	2013 Kewannee Trail	(b)	(b) 2013 Kewannee Trail			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(%)		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Casselberry, FL 32707		Casselbe	erry, FL 32707		
	4/4/2016	 !	1600006	66536		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Paul D. Johnson Sr					
J. ()	Registered Agent and Registered Office shown on the records of		Dept. of State	:		
				· 📸		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	427 S New York Avenue, #203			, C.,		
	Winter Park	32789				
	, , , ,	-		AY 3 BE BE 19		
(b)		<u> </u>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	, i		
	NEW Registered Office Address:					
	100 Bluff View Drive, #209B					
	Belleair Bluffs FL	33770				
the cha agent was/w the art	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the limi limited li	ered office npany, it is ted liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in opany. Son Sr		
-	ture of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob- to mer	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act performa d for in C hereby co	in this cape nce of my c hapter 605, nfirm that t	icity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been		

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