## 111000 101750

(Requestor's Name)						
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



000288458240

08/02/16--01004--003 \*\*55.00

SECRETARY OF STATE SECRETARY OF STATE TALL AHASSEE, FLORIDA 1. 36,6 AUG -1 AM 8:2,

AUG 0 2 2016

S. YOUNG

## **COVER LETTER**

Division of Corporations					
Swiss Capital Partners LLC SUBJECT:					
	ne of Limited	l Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to t	he following:			
Kay Guenther					
Name of Person			Fin		
Swiss Captital Partners LLC			16 AL		
Firm/Company	<del>, ,,= ,= , , , , , , , , , , , , , , , </del>	<del></del>	S ASS		
2700 N Miami Ave, Suite 908			16 AUG -1 PM 4: 36		
Address			F: 36		
Miami, FL 33127			· • • • • • • • • • • • • • • • • • • •		
City/State and Zip Code					
kg@swisscappartners.com					
E-mail address: (to be used for future ann	ual report no	tification)			
For further information concerning this matter,	please call:				
Kay Guenther	786	630-6892			
Name of Person	at (	Area Code & Daytime Telephon	e Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	amount:				
□ \$25 Filing Fee	2	■ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## STÅTEMENT 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	Swiss Capt ame of the limited liability company:	tial Partne	rs LLC		
2. (a)	• • •	(h	)		-
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  2700 N Miami Ave, Suite 908		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  2700 N Miami Ave, Suite 908		
	Miami, FL 33127		Miami, Fl	_33127	
	07/22/2016		L1600010	1750	
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida Torsten E. Maehle	4.	I	Document number	TAL SE
5. (u)	Registered Agent and Registered Office shown on the records Swiss Capital Partners LLC	of the Florida	Dept. of State:		TE AUG -1
	Registered Office Address (MUST BE FLORIDA STREE 2700 N Miami Ave, Suite 908	TADDRESS	1		PH 4: 36
	Miami	33127 FL			#: 36 PHE
(b)	Kay Guenther  Enter name of NEW Registered Agent and/or NEW Register	red Office add	lress:		,
	NEW Registered Office Address: 2700 N Miami Ave, Suite 908				
	Miami	33127 FL			
the cha agent v was/wa	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization of the operating agreement of the contract of the	of the regis l liability co is of the lim he limited l	tered office mpany, it is ited liability	and the business offi hereby confirmed the company or as other pany.	ce of the registered at the change(s)
Signa	ture of a member or authorized representative of a member	*****		Printed or typed name of	signee
provisi the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this shapge.	agree to act ete performa ided for in C I hereby co	in this capa ance of my d chapter 605, onfirm that th	city. I further agree uties, and I am famil F.S. Or, if this docu he limited liability co	to comply with the iar with and accept ment is being filed mpany has been

Signature of Registered Agent