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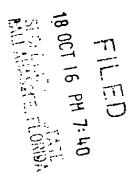
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COVER LETTER

TO: Registration Section Division of Corporations CAP Investments CT 27 LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: carl pavano Name of Person CAP Investments FL LLC Firm/Company 1502 53rd st Address West palm beach, FL. 33407 City/State and Zip Code cpav45@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: carl pavano 646 660-4415 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **☑** \$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.

(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 6000176240 Document number pt. of State:
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4. : Florida De	Document number
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ne register ility comp the limite mited liab	ate of Florida, it is hereby confirmed that aftered office and the business office of the registroany, it is hereby confirmed that the change(s d liability company or as otherwise provided polity company.
	Printed or typed name of signee
1	3407 of the State register ility complete limited liab

Signature of Registered Agent

notified in writing of this elemge.