## 118000239360

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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/23/2019		**WALK IN**
ENTITY NAME CAPRE	A LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	2019 AF SECO
XXXX	Plain Copy Certified Copy	2019 APR 23 A 857555556
	Certificate of Status	M 9: 53
**£	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY"	**
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		
TOTAL OWED 25.00	СНЕСК # 6040	
Please call Tina at th	e above number for any issues or concerns. <b>Thank y</b>	yoa so much!

## 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	me of the limited liability company: Caprea LL	C	.,,-		
2. (a)		(h	)		
,,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mading address of limited   (Note: MAY BE POST)	
	101 Plaza Real South, Suite 224		101 PI	aza Real South, S	uite 224
	Boca Raton, FL 33432	<del></del>	Boca R	aton, FL 33432	
	10/09/2018			L18000239360	
3.	Date of filing/registration in Florida	4.		Document number	<del>, , , , , , , , , , , , , , , , , , , </del>
<b>5</b> (a)					
5. (a)	Registered Agent and Registered Office shown on the records of	the Honda	Dept of St	ate	
	KONTAKT INTERNATIONAL INC				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRISS	7	_	-: ¿. 201
	2244 QUEEN PALM RD				- G A
	BOCA RATONFI	33432		_	2019 APR 23 SECRETARY
					<u>ن این این این این این این این این این ای</u>
(b)	Registered Agents Inc.			<del></del>	<del>-</del>
	Enter name of <u>NEW Registered Agent</u> und/or <u>NEW Registered</u>	l Office ad	dress		ي الله
	7901 4th St N				- 類 53
	NEW Registered Office Address			<u> </u>	
	STE 300			_	
	St. Petersburg	3370	2		
the cha agent v was/we the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited limits and agreement of the proper and agent and agreement of the appointment as registered agent and agreement of all statutes relative to the proper and complete	f the regi- lability eco of the lim r limited l	stered offi ompany, it nited liabil liability co	ce and the business offi is hereby confirmed th ity company or as other impany.  Vladimir Gajic  Printed or typed name of	ee of the registered at the change(s) wise provided in signee
поціцев	hy accept the appointment as registered agent and agins of all standes 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 discriting of this change.  Bill Havre - Assistar	_		95, F.S. Or, if this docu it the limited liability co	iment is being filéd impany has been
Signatu	ire of Registered Agent				

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