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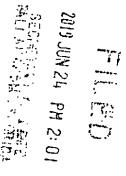
(Re	questor's Name)					
(Address)						
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PICK-UP	☐ WAIT	MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: A E CAPELLA LLC						
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 m	natter to the following:					
AMY YANG						
Name of Person						
N/A						
Firm/Company						
6944 NW 10TH PL						
Address						
GAINESVILLE FL 32605						
City/State and Zip Code						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ase call:					
AMY YANG	352 562-3288					
Name of Person	Area Code & Daytime Telephone 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 am	ount:					
☑ \$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.

I. Na	ame of the limited liability company: A E CAPELL	A LLC					
	See below	(b)	See	below			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	6944 NW 10TH PL		SAME A	S PRINCIPA			
	GAINESVILLE FL 32605	<u> </u>					.,
	4/25/2019	L	1900011	3106			
3.	Date of filing/registration in Florida	- ₄ , –		Document nur	mber		
5. (a)	AMY YANG						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida [ept. of State	::			
	See below						
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)					
	6944 NW 10TH PL						
	GAINESVILLE	32605			柔の	26	
(1.)	ALEXANDER C HAN					2019 JUN 24	7)
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:			1/2	ga wasan i
					1911 1911		2007 AT 3 2 No. 1
	SAME AS ABOVE				بري دري دري م		Ö
	NEW Registered Office Address:					2:0	
	SAME AS ABOVE				G. P.	=	
	, FL	 -					
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe ability com I the limit	red office pany, it is ed liability	and the busine hereby confirm company or a	ess office (med that i	of the r	egistered
* 0	Clex 1-fee	ALEX	ANDER	C HAN			
Signat	ALEXANDER			Printed or typed name of signee			
I herel provision the obli to mere notified	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to act in performan I for in Ch iereby con	this capa ce of my d apter 605, firm that u	city. I further luties, and I an F.S. Or, if thi he limited liab	agree to c n familiar is docume ility comp	comply with ar nt is be any ha:	with the id accept ing filed s been
Signatur	Let./ After re of Registered Agent						
orgnatu!	e or kegistered Agent						