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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:						
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)					
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CCT: Mint12 (apital 1 1 Name of	<u>LC</u> f Limited L	iability Company		
Dear Si	ir or Madam:				
The en	closed Registered Agent/Registered Office C	Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this ma	atter to the	following:		
<u> </u>	Name of Person				
_F0	CISTER, P.A. Firm/Company				
980	N Federal Highway Su	lite 110 P	MB1 0 60		
<u>Bo</u>	Ca Raton, FL 33432 City/State and Zip Code		2023 J.A. 1		
_ms	FOFOELSTECTION. Com E-mail address: (to be used for future annual	report not	fication)		
	For further information concerning this matter, please call:				
10110	Milet intoffmaton concerning				
Da	Name of Person	at (_561_) 504-1182 Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		
	Enclosed is a check for the following a	mount:			
	□ \$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.

1. Name of the limited liability company:	1+12 Capital LLC
2. (a) 3758 Harrington Drive Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: Mailing address of limited hability company.
Boca Raton, FL 33496	PMB 1060, Boca Raton, FL 33432
01 - 20 - 2013	<u>1.2390009115.3</u> Document number
3. Date of filing/registration in Florida 5. (a) Alcjand(0 VIIQ(C)) P Registered Agent and Registered Office shown on the 1 15400 NW 59th AVC Registered Office Address (MUST BE FLORIDA	. A . records of the Florida Dept. of State:
(b) NICHAEL S. FOCISTER, ES Enter name of NEW Registered Agent and/or NEW	Registered Office address:
980 N FEDERAL HIGHWAY NEW Registered Office Address:	
	.FL 33432 ♀
change or changes are made, the Florida street addr	der the laws of the State of Florida, it is hereby confirmed that after the ess of the registered office and the business office of the registered limited liability company, it is hereby confirmed that the change(s) numbers of the limited liability company or as otherwise provided in ent of the limited liability company.
Signature of a member or authorized representative of a men	nber David Adams Printed or typed name of signee
	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accept is provided for in Chapter 605, F.S. Or, if this document is being filed ddress, I hereby confirm that the limited liability company has been
Signature of Registered Agent	