| DOCUMENT # LG 9 (   | 00000337   | 7.)   |   |
|---|--|---|---|
| CAPSTAR, L.L.C.   | •  | -   | OI JUN 14 AM II: 53   |
| rincipal Place of Business<br>8365 Shadow Pine Way<br>Sarasuta, FL 34238  | Mailing Address<br>1605 N CER<br>SUITE 508<br>ALLENTOW N   | DARE CREST BLV<br>PA 1810↓  | D SECRETARY OF STATE<br>TALLAHASSEE. FLORIDA  |
| Principal Place of Business   | 3. Mailing Address   |   |   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |   | DO NOT WRITE IN THIS SPACE  |
| City & State  | City & State   |   | 4. FEI Number<br>65-1007081 Applied For<br>Not Applicable   |
| Zip Country   | Zip  | Country   | 5. Certificate of Status Desired<br>Fee Required  |
| 6. Name and Address of Cu   |  | Name  | 7. Name and Address of New Registered Agent   |
| Betterton, Greg A<br>981 Ridgewood Avenue<br>Suite 101  |  |   | s (P.O. Box Number is Not Acceptable)   |
|   |  |   |   |
| Venice, FL 3429<br>The above named entity submits this statem   | nent for the purpose of changing its   | City<br>registered office or regis  |   |
| Venice, FL 3429<br>The above named entity submits this staten   | d agent and title if applicable. (NOTE   | registered office or regis<br>E: Registered Agent signature requ<br>DWIII FEE IS \$50:0<br>yable to Department  | tered agent, or both, in the State of Florida.  ired when reinstating)  DATE  O  of State   |
| Venice, FL 3429 The above named entity submits this statem IGNATURE Signature, typed or printed name of registere MANAGING 1  | A agent and title if applicable. (NOTE<br>Make Check Pa<br>MEMBERS / MEMBERS   | registered office or regis<br>E: Registered Agent signature requ<br>DW111 FEE IS \$50.0<br>yable to Department<br>10.   | tered agent, or both, in the State of Florida.  ired when reinstating) DATE   |
| Venice, FL 3429<br>The above named entity submits this staten<br>Signature, typed or printed name of registere<br>MANAGING I<br>ME<br>THE MEMBER<br>THE ANDESA COM<br>TREET ADDRESS IG05 N CEDAR C  | A agent and title if applicable (NOTE<br>A agent and title if applicable (NOTE<br>FILE IN<br>Make Check Pa<br>MEMBERS/MEMBERS<br>Delete<br>PANICS<br>REST BLVD, STE 508  | registered office or regis<br>E: Registered Agent signature requination<br>DW111 FEE IS \$50.0<br>yable to Department<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS   | T L tered agent, or both, in the State of Florida.  ired when reinstating) DATE O o of State ADDITIONS/CHANGES  |
| Venice, FL 3429<br>The above named entity submits this staten<br>Signature, typed or printed name of registere<br>MANAGING I<br>MEMBER<br>THE ANDESA COM<br>IGOS N CEDAR C<br>ALLENTOWN, PA<br>TILE<br>MEMBER<br>THE MEMBER<br>THE COCHLAN OF   | Additional and the it applicable (NOTE<br>Additional and the it applicable (NOTE<br>Additional and the it applicable (NOTE<br>Additional a | registered office or regis<br>E: Registered Agent signature requination<br>DWIII FEE IS \$50.0<br>yable to Department<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST-ZIP<br>TITLE<br>NAME  | T L tered agent, or both, in the State of Florida.  ired when reinstating) DATE O o of State ADDITIONS/CHANGES  |
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