

Requester's Name

Capital Direct LLC

17 Battery Place Suite 709
New York NY 10004

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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10/11/02

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: CAPITAL DIRECT LLC

2. The mailing address of the limited liability company is: 1001 Cambridge Square
Suite C, Alpharetta, GA. 30004

3. Date of filing/registration in Florida 06/26/2000 4. Document number M00000001328

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Patricia A. Meding
Name
Treasure Cay 130 COCO PLUM DR #304
Address
Marathon, FL 33050
City, State and Zip

6. The name and address of the new registered agent and/or office:

Patricia A. Meding
Name
4101 Ravenswood Rd, Ste 128
Florida street address (P.O. Box NOT acceptable)
Ft. Lauderdale, FL 33312
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Patricia A. Meding Managing Member
(Signature of a member or authorized representative of a member)

Patricia A. Meding
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Patricia A. Meding
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314