

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195 : (850)521-1000 Phone

Fax Number

: (850)558-1575

## REGISTERED AGENT CHANGE

SAMEX CAPITAL PARTNERS, LLC

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Corporate Filing

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## STATEMENT OF CHANCE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuans to the proving liability company submagent, or both, in the Su	ions of sections 618.416 or 60 its the following statement in c ate of Florida.	08.508, Florida Statutes, i order to change its registe	t <b>he unders</b> igned limited t <b>red office</b> or registered	
1. The name of the limit	ted liability company is: Same	x Capital Partners, L	LC .	
2. The mailing address	of the limited liability company	/is: 2 N. Tamiami Tra	11, Ste. 1200	
Skrasota, FL 34	236			
03/01/2062		M02000000555		
3. Date of filing/registre	stion in Florida	4. Document numb	द	
5. The name of the regis	stered agent and the registered of State:	office address as shown on	the records of the	
•	Robert J. 1			
	Name	•		
	2 N. Tamiami Tra:		TAS O	
	garagota, W	-		
	City, State		超美工	
6. The name and address	s of the new registered agent an	d/or office:	AR SS	
	Corporation Serv	vice Company	L + 1 E	
	Name		M II: 52 DF STATE FLORID	
	1201 Hays 8		유국 -	
	Fiorida street address (P.O.	Hox NOT acceptable)	52	
	Tallahassae FI	32301		
	City, State an	d Zip		
confirmed that after the and the business office of liability company, it is he that members of the limit operating appearant the superating appearant superating	ampany is not organized under the change or changes are made, the of the registered agent will be idented that the change and the limited liability company of as other of the limited liability company of the limited liability company.	ic Florida street address of lentical. Or, in the case of c(s) was/were authorized b rwise provided in the artic	the registered office a Florida limited IV an affirmative vote of	
Robert Brealey, Man (Prince of Typed names of Signal				
I hereby accept the app comply with the provisit and I am familiar with a Chapter 608, F.S. Or I address, I hereby confir	oiniment as registered agant an ons of all statutes relative to the ond accept the obligations of my this document is being filed to m that the limited liability comp	id agree to act in this capa proper and complete perf pasition as regulered age merely reflect a change in any has been notified in w	city. I further agree to ormance of my duties, in as provided for in the registered office viling of this change.	
Signature of Registered Asset	NRIPPEN)	Deborah D. Skipp Asst. V. Pres.	) <del>e</del> r	
Division of Corporations, P.O. Box 6327, Tallahasser, FL 32314				
( <b>10/99)</b>	filing fei	E: <b>\$25.00</b>		

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