M040000024//

| | (Requestor's Name) |
|----------------------|--------------------------|
| · · · · · | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-U | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | s to Filing Officer: |
| | A. LUNT |
| | NOV 1 & 2012 |

Office Use Only

EXAMINER



000241519040

11/13/12--01010--008 **25.00

2812 May 13 PM 4: 50

DECNETARY OF STATE
AND ABASSEF FLORIBLE

and a supplemental of the supplemental of the

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.

| r green te de la companya de la co | |
|---|---|
| 1. Name of the limited liability company: | NCAP, LLC |
| 2. (a) Principal office address of limited liability compar | ry: 1403 Foulk Road |
| (Note: MUST BE STREET ADDRESS) | Suite 200 Wilmington, DE 19803-2788 |
| (b) Mailing address of limited liability company: | 1403 Foulk Road |
| (Note: MAY BE POST OFFICE BOX) | Suite 200 Wilmington, DE 19803-2788 |
| | M0400002411 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | the records of the Florida Dept. of State: |
| Registered Agent: | Scott Blonde |
| Registered Office Address: | 2207 Southeast 20th Place: Cape, Coral, FL 33990 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | rrus <u> </u> |
| NEW Registered Agent: | Scott Blonde |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | The Breeze 2510 Del Prado Blvd Cape Coral ,FL 33904-5750 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the limited liability | Florida street address of the registered office |
| Ken Kubacki Assistant Mar | nager |
| Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pland I am familiar with and accept the obligations of my perhapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compand | agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change. |
| OHVA | |

Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 FILING FEE: \$25.00

Signature of Registered Agent