

MO500000234

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: terry.brower@capitasfinancial.com

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CAPITAS FINANCIAL, LLC

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EXAMINER

Fax Audit # H110000228063

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. Name of the limited liability company: Capitas Financial, LLC

2. (a) Principal office address of limited liability company: 200 Coon Rapids Blvd NW, Suite 300

(Note: **MUST BE STREET ADDRESS**)

Minneapolis, Minnesota 55433-3029

(b) Mailing address of limited liability company: 200 Coon Rapids Blvd NW, Suite 300

(Note: **MAY BE POST OFFICE BOX**)

Minneapolis, Minnesota 55433-3029

1/14/2005

M05000000234

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

CORPORATE CREATIONS NETWORK, INC.

Registered Office Address:

11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road,

(MUST BE FLORIDA STREET ADDRESS)

Plantation

FL 33324

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.

Terry Brower
Signature of a member or authorized representative of a member

Terry Brower, Manager

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.

Mark Williams
Signature of Registered Agent

Mark Williams, AVP, C T Corporation System

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

FILING FEE: \$25.00

INHS18 (05/08)

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