## M0500000662

2005 HAY 2,3 SECRETARY OF STATE TALLAHASSEE, FLORIDA (Requestor's Name) **CAPITAL SAVINGS & MORTGAGE LLC** 707 LAKESIDE DR. **BOUTHAMPTON, PA 18966** (City/State/Zip/Phone #) PICK-UP ☐ WAIT (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status Special Instructions to Filing Officer:

Office Use Only



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05/23/05-01042-029 \*\*25.00





March 29, 2005

Alex Meltser
Capital Savings & Mortgage, LLC
707 Lakeside Park
Southampton, PA 18966

Fax: 215-947-6468

RE: Capital Savings & Mortgage, LLC

Dear Irina,

Thank you for your recent request for Registered Agent Service in the state of FL for the above referenced company. Please use the following registered agent information on your documents:

Registered Agents Legal Services, Inc. 1333 North Duval Street Tallahassee, FL 32303

If a document requires an agent acceptance signature, Please forward to my attention at our 1220 N. Market Street address.

To learn more about our other services, please feel free to visit our website or call us today. It will be our pleasure to be of service and we look forward to helping you with your corporate needs.

Sincerely,

Terry Scaplione

Incorporating Specialist

Registered Agents Legal Services, LLC

## 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: CAPITA	L SAVINGS & MORTGAGE, LLC
2. The mailing address of the limited liability company is:	707 LAKESIDE DRIVE
Southampton, PENNSYLVANIA	18966
03.29.2005	M05000000662
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:  VALERY KHASIK  Name  5627 Summersside	LANE SER 23
SARASOTA FL 34 City, State and A	1231 P 2: 23
6. The name and address of the new registered agent and/or	
REGISTERED AGENTS L.  1333 NORTH DUVAL  Florida street address (P.O. Box  TALLAHASSEE FL 32  City, State and Zi	NOT acceptable)
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Lucy Mritera horoidevi	
(Printed or typed name of signce)	<u> </u>
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
(Signature of Registered Agent)	Company of the second of the s

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

INHS18(10/99)

**FILING FEE: \$25.00**