

McLeod 100240481091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

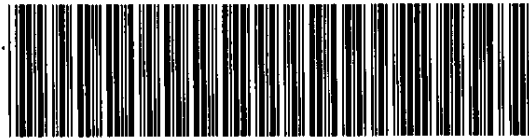
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FILED  
12 OCT 15 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOORING CAPITAL FUND, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAN BRIOTTI

Name of Person

MOORING FINANCIAL CORPORATION

Firm/Company

8614 WESTWOOD CENTER DRIVE, SUITE 500

Address

VIENNA, VA 22182

City/State and Zip Code

DBRIOTTI@MOORINGFINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN BRIOTTI

Name of Person

at ( 703 )

917-0707

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: MOORING CAPITAL FUND, LLC

2. (a) Principal office address of limited liability company: 8614 WESTWOOD CENTER DR.

(Note: MUST BE STREET ADDRESS)

SUITE 500

VIENNA, VA 22182

(b) Mailing address of limited liability company: 8614 WESTWOOD CENTER DR.

(Note: MAY BE POST OFFICE BOX)

SUITE 500

VIENNA, VA 22182

03/22/2006

3. Date of filing/registration in Florida

M06000001696

4. Document number

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

Registered Agent:

LYNEA MORGULIS HALE

Registered Office Address:

549 STONEWALL AVENUE

HAINES CITY, FL 33844

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

NEW Registered Agent:

NORMAN I. WEIL, ESQ.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

FOWLER WHITE BURNETT, P.A.

1395 BRICKELL AVENUE, 14TH FL.

MIAMI, FL 33133

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.

[Signature]  
Signature of a member or authorized representative of a member

DIPESH BHISE

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.*

[Signature]  
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
OCT 15 PM 1:30  
TALLAHASSEE, FLORIDA  
CLERK OF STATE