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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROBINSON BRADSHAW & HINSON

CHARLOTTE OFFICE

DIRECT DIAL: 704.377.8176 DIRECT FAX: 704.339.3476

LPERES@RBH.COM

March 24, 2008

VIA OVERNIGHT DELIVERY

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: CapitalSouth Corporation

CapitalSouth Partners F-II, LLC

CapitalSouth Partners F-III, LLC

CapitalSouth Partners Fund I, Limited Partnership

CapitalSouth Partners Fund II, Limited Partnership

CapitalSouth Partners Fund III, L.P.

CapitalSouth Partners SBIC F-III, LLC

CapitalSouth Partners SBIC Fund III, L.P.

CapitalSouth Partners, LLC

To Whom It May Concern:

Enclosed please find the following for each of the above entities:

- 1. Original and one (1) copy of the Statement of Change of Registered Office or Registered Agent for each of the foregoing entities; and
- 2. Our client's checks, each in the amount of \$25.

Please forward evidence of filing the Statements to my attention in the self-addressed, stamped envelopes. Should you have any questions, or require additional documentation, please contact me at 704-377-8176. Thank you for your attention to the foregoing.

Regards,

Laura A. Peres, CLA, NCCP

Certified Paralegal

/lap Enclosures

C-1078030v1 [4574,00021

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 limits	ed liability compan	y is: CapitalSouth P	Partners F-III, LLC				
2. The mailing address o	f the limited liabili	ty company is: 10	11 E. Morehead St.	., Suite 15	D		
Charlotte, NC 28204							
March 13, 2007		N	M07000001465				
3. Date of filing/registration in Florida			4. Document number				
5. The name of the register Florida Department of		registered office ad	ddress as shown or		rds of t	he	
		rate Research, L	td.	SE 33	7008		
	515 East Park Av			CRET/ LAHA	MASS		
Address SSR 201							
	Tallahassee, FL 3	32301 City, State and Zip		TT1 ~	ט		
6. The name and address		•		OF STATE	o I: 36	O	
	David H. Reed			DE.	8		
	1414 W. Swann A	Name Ave., Suite 100					
Florida street address (P.O. Box NOT acceptable)							
	Tampa,	FL 33606					
City, State and Zip							
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	hange or changes a f the registered ages reby confirmed tha nited liability comp of the limited lia	are made, the Florion the will be identical at the change(s) was otherwise bility company.	da street address o Or. in the case o	f the regis f a Florid	stered o a limite	ffice ed	
Joseph B. Alala, III, Mana							
(Printed or typed name of signee							
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, thereby confirm	intment as register as of all statutes rel ad accept the obliga this document is be that the limited lid	ed agent and agree lative to the proper ations of my positic sing filed to merely ability company ha	e to act in this cap r and complete per on as registered as reflect a change i s been notified in	acity. I fir formance gent as pro in the regi writing of	irther a of my ovided stered of this ch	igree to duties, for in office ange,	
(Signature of Registered Agent)				•			

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

INHS18 (8/05)