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•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT I	MAIL
(Business Entity Name)	· · · · ·
(Document Number)	
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M. THOMAS
SEP 2 6 2008
EXAMINER

' COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Murcielago Capital Manage (Name of Li	ment, LLC mited Liability Company)	_ 0
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Todd A. Johnston		OB SEP 25 M ID: 36 SECRETARY OF STATE SECRETARY OF STATE
(Name of Person)		题 P 25
Murcielago Capital Management, LLC		報のませ
(Firm/Company)	-	F ST
40 Asmara Way		
(Address)		
Easton, CT 06612		
(City/State and Zip Code)		
For further information concerning this matter, pl	lease call:	
Todd A. Johnston at (203) 275-5192	
(Name of Person)	(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 an	nount:	
	☐ \$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.

I. Ņa	ame of the limited liability company: Murcielago	Capital Management, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 3400 West Riggin Road, #17 Muncie, IN 47304-6169	1 1
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3400 West Riggin Road. #17 Muncie, IN 47304-6169	0
	August 2007	M07000005144	
3. D a	ate of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	4. Document number the records of the Florida Dept. of State-Control Todd A. Johnston	, . ລູ
	Registered Agent:	Todd A. Johnston	, .
	Registered Office Address:	2496 Eagle Run Drive	五百
		93	کن کا
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address: Randi Brightman	,
	<u> </u>		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11400 NW 56th Drive, #109	
		Coral Springs p.,FL 33076	
that a office hereb liabili limite	limited liability company is not organized under the fier the change or changes are made, the Florida street of the registered agent will be identical. Or, in the company or as otherwise provided in the articles of diability dompany.	et address of the registered office and the business are of a Florida limited liability company, it is	
	A. Johnston, Managing Director d or typed name of signee)		
I her comp am fa F.S. (confit	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pr miliar with und accept the abligations of my position Or, if this d peum ent is being filed to merely reflect a m that the limited hability dompany has been notified	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter 6! change in the registered office address, I hereby d in writing of this change.	1)8.

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