M08000001092

| (Re | equestor's Name) | |
|---|------------------|-------------|
| (Address) | | |
| (Ad | ldress) | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
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2009 APR 17 PH 2: 44
SECRETARY OF STATE

C. LEWIS

APR 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: !(dea) Group Capital Management Focused Small-cap Value 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: | |
| | | |
| Hardin S. Bethea | | |
| (Name of Person) | | |
| Roundbox Advisors LLC | | |
| (Firm/Company) | | |
| 307 North Park Ave. | | |
| (Address) | · · · · · · · · · · · · · · · · · · · | |
| Winter Park, FL 32789-7411 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matt | er, please call: | |
| Hardin S. Bethea | at (321) 214-4191 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | |
| Enclosed is a check for the following | ng 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: I(dea) Group Ca | pital Management Focused Small-cap Value Fund, LLC |
|---|--|
| 2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>) | y: 307 North Park Ave. Winter Park, FL 32789-7411 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 307 North Park Ave. Winter Park, FL 32789-7411 |
| 03/06/2008 3. Date of filing/registration in Florida | M08000001092 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | CORPORATION SERVICE COMPANY |
| Registered Office Address: | 1201 HAYS STREET TALLAHASSEE FL 32301-2525 |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: |
| NEW Registered Agent: | Roundbox Advisors LLC |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 307 North Park Ave, Suite A Winter Park |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. And Delay. (Signature of a member or authorized representative of a member) | laws of the State of Florida, it is hereby confirmed et address of the registered office and the business |
| Hardin S. Bethea (Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified. | ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change. |
| (Signature of Registered Agent) Division of Corporations, P.O. Box | CECRE TO |
| FILING FEE | : \$25.00 |
| INHS18 (05/08) | ES E |