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TO: Rogistration Section Division of Corporations			
SUBJECT: Doina Capital LLC			
Name Dear Sir or Madam:	e of Lin	nited Li	ability Company
Dear on or Madam.			
The enclosed Registered Agent/Registered Office	ce Chai	nge and	fco(s) are submitted for filing.
Please return all correspondence concerning this	s matte	r to the I	following:
Tara Morales			
Name of Person			
Capitol Corporate Services, Inc.			
Firm/Company			
800 Brazos Ste 400		•	
Address			
Austin TX 78701			
City/State and Zip Code			
Magda41@bellsouth.net			
E-mail address: (to be used for future anni	nal repo	ort notif	cation)
For further information concerning this matter,	please	call:	
Tara Morales	at (_	800) 345-4647
Name of Person			Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:		M	AILING ADDRESS:
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301		Tal	lahassee, Florida 32314
Enclosed is a check for the following	amoun	ıt:	
\$25 Filing Fcc		□ \$5	5 Filing Fee & Certified Copy
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuani submits Florida	t to the provisions of sections 605.0 the following statement in order t	114 or 605.0116, F o change its regis	lorida Statutes, tered office or i	the undersigned limited liab registered agent, or both, in	ility company 1 the State of	
	e of the Limited Liability Company:	Doina Capital I	LC			
2. (a) D	Oolna Capital LLC	<u> </u>	њ Doina	Capital LLC		
(4) 2-	Principal office address of limited lia (Note: MUST BE STREET A		(0)	Mailing address of limited Hability (Note: MAY BE POST OFFICE		
3	820 SW 79th Avenue, Sui	te 92	3820 8	SW 79th Avenue, Sui	te 92	
Miami, FL 33155			Mlami, FL 33155			
_	04/29/09			0001582		
3.	Date of filing/registration in	Florida	4,	Document number		
	Capitol Corporate Services, I		E(1) B	π		
	tegistered Agent and Registered Office show	vn on the records of the	Flonda Dept. of Sta	16;		
	155 Office Plaza Dr Ste A Registered Office Address (ATUST BE F.)	LORIDA STREET AD	DRESS)			
					ŽĘ.	i
-	F-41-1				C A	5
١	fallahasssee	, FL_S	32301	-	CRETARY OF LAHASSEE,	-
љ N	Magda Santiso				ž¤ m≺	(
	ntor name of NEW Registered Agent and/c	or NEW Registered Of	fice address:		بر 100	:
					STAT FLORI	
	Magda Santiso NEW Registered Office Address:				AT AT	į
_					A	
3	8820 SW 79th Avenue, Sul	te 92		-		
Ñ	<i>l</i> iam!	,FL_3	3155	-		
If the lim	ited liability company is not organiz	zed under the laws	of the State of Fl	orida, it is hereby confirmed	that after	
the chang agent will	to or changes are made, the Florida I be identical. Or, in the case of a F	street address of the Torida Hinited liabi	e registered offic lity company, it i	e and the business office of t is hereby confirmed that the	he registered change(s)	
was/were	e authorized by an affirmative vote of es of organization or the operating a	of the members of the	he limited liabili	ty company or as otherwise n	provided in	
	S S S S S S S S S S S S S S S S S S S	Stormont of mo in	Ellis R. Mirs			
	e of a member or authorized representative			Printed or typed name of signes		
I hereby provisión the obliga to merely notified in	accept the appointment as registeres of all statutes relative to the propations of my position as registered a reflect a change in the registered on writing of this change.			acity. I further agree to com duties, and I am familiar wit S. F.S. Or, if this document i the limited Itability company	iply with the h and accept s being filed y has been	
Signature	bi Registered Agent	Magda S	santiso			

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