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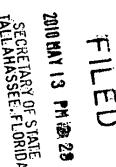
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Operational details to 1 ming officer.		
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Office Use Only



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C. LEWIS

MAY 1 4 2010

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sand Dak C	apital Partners, LLC	
SUBJECT: Sand Dak Capital Partners, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
	<b>5 5</b>	
Linda Cherney		
Name of Person		
5 - 1 5 - 1 ( : 1 - 1	P==1=055 111	
Sand Dak Capital Partners, LLC Firm/Company		
r macompany		
2116 N. Dayton S	+.	
2116 N. Dayton St. Address		
g; G		
· · · · · · · · · · · · · · · · · · ·		
Chicago IL 60614  CityState and Zin Code		
City/State and Zip Code		
,		
1: 1 -1 - 00 1 11		
E-mail address: (to be used for future annual report notification)		
E-mail audiess. (to be used for future annual report nonneation)		
For further information concerning this matter, please call:		
Tot faither information concerning and names, presses care.		
Linda CherNEY	at (773) 477,4648	
- Name of Person	at (773) 477.4648  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 32314	
Tallahassee, Florida 32301		
England is a shook for the following amounts		
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 licility company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of Florida.	
1. Name of the limited liability company: Saa	Dak Capital Partners, LLC
2. (a) Principal office address of limited liability compar	14: 1990 main St, Suite 750
( <u>Note: MUST BE STREET ADDRESS</u> )	Scrasata, Floride 3423
(b) Mailing address of limited liability company:	1990 Main St, SJ: 1275
(Note: MAY BE POST OFFICE BOX)	Scrassta, Florida 3423
Driginal: 8/26/2009	
7 0 day: 5/3/2010  3. Date of filing/registration in Florida	<ul><li></li></ul>
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	John E. Wagner II
Registered Office Address:	200 S. Drange Ave
	Sarasota, FL 34236
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Jeramy C. Schwimmer
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1990 Main St, Suite 750
(MCGI DL I LORIDA SIRLLEI ADDRESSI	Sarasota ,FL 34236
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office nical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Harris Cherry	<del></del>
Signature of a member or authorized representative of a member	
Printed or typed name of signee	<del>_</del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my parties of the computer 608, F.S. Or, if this document is being filed to maddress, thereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 3231455 55