1/11/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000144363)))



H180000144363ABC

		•	1::
To:			
	Division of Corporations		(~)
	Fax Number : (850)617-6383	•	
		•	
From:			
	Account Name : C T CORPORATION SYSTEM	•	••
	Account Number : FC4000000023	<b>;</b> _	2
	Phone : (614)280-3338	7	~
	Fax Number : (954)208-0845		
<b>‡</b> Entan	the email address for this business entity to be u	ised for future	
EII CEI	nual report mailings. Enter only one email address	nlease **	

## LLC REGISTERED AGENT CHANGE CAPACITY GROUP OF NEW YORK, LLC

Certificate of Status	0
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Page Count	03
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
CAPACITY GROUP OF NEW YORK,	L1.C
SUBJECT: Name o.	Limited Liability Company
	<b>→</b>
Dear Sit or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
	·
Cyndi Sallay	
Name of Person	· ·
The Capacity Group	
Firm/Сопралу	
1 International Boulevard, Suite 350	
Address	
Mahwah, NJ 07495	
City/State and Zip Code	
csaliay@capcoverage.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease cáll:
Cyndi Sailay	201 661-2348 at ( )
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 32314
Tallahassee, Florida 32301	
Euclosed is a check for the following ar	nount:
☐ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	me of the limited liability company: CAPACITY GR	<del>;</del>	
(0)			
. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE ROX)
	1983 Marcus Avenue	198	3 Marcus Avenue
	Lake Success, NY i 1042	Lak	c Success, NY 11042
	10/13/2010	N <b>1</b> 09	0000005061
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records o	The Florida Dept	. of State:
	HATCH, JOHN DESQ	1	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	700
	1267 BERKSHIRE LANE, STE 200		
	TARPON SPRINGS , F	L_34688	
			70r
(b)	Enter name of NEW Registered Agent and/or NEW Registers		
` '	Enter name of NEW Registered Agent and/or NEW Registers	ed Ottice Edgissi	. 27
	C T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
		33324	
	Plantation , Finited liability company is not organized under the )		call it. is in hereby confirmed that after

Division of Corporations • P.O. Box 6.27 • Tallahassee, FL 32314 FILING FEE: \$25.00