(Re	equestor's Name)	
(Ac	ddress)	
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(C	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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DEC 2 3 2013

T. BROWN



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE: 936092 7860392

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 20, 2013

ORDER TIME : 3:06 PM

ORDER NO. : 936092-010

CUSTOMER NO: 7860392

CHANGE OF AGENT

NAME: PERSIMMON CAPITAL PARTNERS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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: PERSIMMON C	APITAL PARTNERS, LLC			
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 7506 PERSIMMON TREE LN	<u> </u>		
	BETHESDA, MD 20817			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7506 PERSIMMON TREE LIN	SEC OF T		
(Note: MAT BE POST OFFICE BOX)	BETHESDA, MD 20817	2		
06/29/2010	M10000002922			
3. Date of filing/registration in Florida	4. Document number	ot. of Shiel 5		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	ot. of Spin 5		
Registered Agent:	BUSINESS FILINGS INCORP	PORATED		
Registered Office Address:	515 E. PARK AVENUE			
	TALLAHASSEE	FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
NEW Registered Agent:	Corporation Service Company	<u>'</u>		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street			
	Tallahassee	,FL 32301		
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a number or authorized representative of a member Joseph Vilecco nuestment Management Man	orida street address of the regical. Or, in the case of a Flori was/were authorized by an afse provided in the articles of c	istered office		
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 provided I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company By:	_	further agree to ce of my duties, provided for in gistered office of this change.		
Signature of Registered Agent Corporation Service Companyist	ਰੇਪਦ G. Knight ant Vice President			
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314			
FILING FEE: \$2	•			