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(Requestor's Name)		
(Address)		
(Address)		
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6	10: + 6: 10:	15
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(4-2-)	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to 1	Filing Officer	
Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE OIVISION OF CORPORATION

C. LESS S AUG 22 22014

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Chrome Capital 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:					
Stephen Swain					
Name of Person					
Chrome Capital LLC					
Firm/Company					
3073 S Horseshoe Drive Ste 206					
Address					
Naples	•				
City/State and Zip Code					
lisandrae@chromecapital.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Stephen Swain	239 213-9922				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
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 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.

1. N	dame of the limited liability company: Chrome Capit	tal LLC		
2. (a)	3073 S Horseshoe Drive Ste 206	(b) 30	(b) 3073 S Horseshoe Drive Ste 206	
-· ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Naples	Na	ples	
	FL, 34104	FL,	, 34104	
	09/26/2011	M11	000004815	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Wood, Douglas A			
J. (u	Registered Agent and Registered Office shown on the records of t	the Florida Dept.	of State:	
	1100 Fifth Ave South Ste 101			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	Naples	34104		
	, FL		——————————————————————————————————————	
(b)			AUG RES	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	NORTHWEST REGITERED AGENT LLC			
	NEW Registered Office Address:		PM I2: 4.9	
	3030 N. Rocky Point Drive, STE 150A	······································		
	Tampa, FL	33607		
the ch agent was/w	limited liability company is not organized under the law sange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compar of the limited b	d office and the business office of the registered ny, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I he	ee to act in th performance d for in Chapt hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been	
Signat	ure of Registered Agent	Dan Keen	- Manager	