## HIDDODOSISH

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	e #)	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
•		
(Document Number)		
Certified Copies Certificates	of Status	
Special Instructions to Filing Officer:	ļ	
2 2012	1	
JUN -4 2013	}	
L. SELLER8		

Office Use Only



100248302331

05/28/13--01019--020 \*\*25.00

13 MAY 28 AM 10: 50
SECRETARY OF STATE
ALLAMASSEE, FI ONIOA

## **VIA US MAIL**

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: <u>CAP VI EDEN POINTE, LLC</u>

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Rachel Szitas REGISTERED AGENT SOLUTIONS, INC.

## 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.

-		
Name of the limited liability company:	CAP VI - EDEN POINTE, LLC	
2. (a) Principal office address of limited liability cor	mpany: 275 BATTERY STREET	
(Note: MUST BE STREET ADDRESS)	SUITE 500	
	SAN FRANCISCO, CA 94111	
(b) Mailing address of limited liability company:	275 BATTERY STREET	
(Note: MAY BE POST OFFICE BOX)	SUITE 500 SAN FRANCISCO, CA 94111	
	SAN FRANCISCO, CA 94111	
10/31 <u>/</u> 2011	M11000005454	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State:	
Registered Agent:	NRAI SERVICES, INC.	
Registered Office Address:	515 E. PARK AVE.	
-	TALLAHASSEE, FL 32301	
(b) Enter name of <b>NEW Registered Agent</b> and/o	or NEW Registered Office address:	
NEW Registered Agent:	Registered Agent Solutions, Inc.	
NEW Registered Office Address:	155 Office Plaza Dr.	
MUST BE FLORIDA STREET ADDRESS	Suite A Tallahassee ,FL32301	
	Talianassee ,rt. 32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member		
Printed or typed name of signee		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of I Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms that the limited liability confirms that the limited liability confirms the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms the limited liability confirms that the limited liability confirms the limited liabilit	μ <sub>ω</sub> ω	
Signature of Registered Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
INHS18 (05/08)		

INHS18 (05/08)

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

モノー

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:	CAP VI - EDEN POINTE, LLC	
2. (a) Principal office address of limited liability compa	iny: 275 BATTERY STREET	
(Note: MUST BE STREET ADDRESS) SUITE 500		
	SAN FRANCISCO, CA 94111	
(b) Mailing address of limited liability company:	275 BATTERY STREET	
(Note: MAY BE POST OFFICE BOX)	SUITE 500	
	SAN FRANCISCO, CA 94111	
10/31/2011	M11000005454	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	NRAI SERVICES, INC.	
Registered Office Address:	515 E. PARK AVE.	
·	TALLAHASSEE, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address:  Registered Agent Solutions, Inc.	
NEW Registered Office Address:	155 Office Plaza Dr. Suite A	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member		
Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  Art Flores, Asst. Secretary		
Signature of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00