

M14000003325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

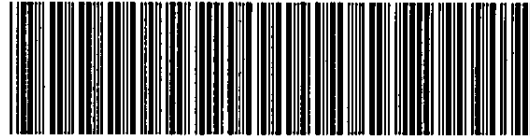
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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M14-3325

10/01/15--01017--005 \*\*25.00

Change RA/RO

FILED  
15 OCT -1 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT -2 2015

N. CAUSSEAU

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

**NUMBER PAGES:**

Date: September 21, 2015

AE: Ashley Speyer

TO: Registration Section Division of  
Corporations

H1039

REFERENCE: 915986

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

PLEASE PERFORM THE FOLLOWING:

**PRO CAP II LLC**

**Change of Registered Agent**

**IN: FL**

**SPECIAL INSTRUCTIONS:** Please file the attached and return a plain copy of the filing to:

Paracorp Incorporated  
Attn: Ashley Speyer  
2804 Gateway Oaks Dr #200  
Sacramento, CA 95833

| <u>Service Description</u> | <u>Check Number</u> | <u>Name</u>                                      | <u>Amount</u> |
|----------------------------|---------------------|--------------------------------------------------|---------------|
| Change of Registered Agent | 553876              | Registration Section Division<br>of Corporations | \$25          |

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Ashley Speyer TO CONFIRM FILING RESULTS**

**RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833**

**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRO CAP II 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:

Ashley Speyer

\_\_\_\_\_  
Name of Person

Paracorp Incorporated

\_\_\_\_\_  
Firm/Company

2804 Gateway Oaks Drive #200

\_\_\_\_\_  
Address

Sacramento, CA 95833

\_\_\_\_\_  
City/State and Zip Code

annualreports@myparacorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Speyer

at ( 888 )

272-5441

\_\_\_\_\_  
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. Name of the limited liability company: PRO CAP II LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1000 HADDONFIELD BERLIN RD

1000 HADDONFIELD BERLIN RD

VOORHEES, NJ 08043

VOORHEES, NJ 08043

05/09/2014

M14000003325

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:

SEABREEZE CORPORATE SERVICES, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

444 SEABREEZE BLVD, SUITE 900

DAYTONA BEACH, FL 32118

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

PARACORP INCORPORATED

NEW Registered Office Address:

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

**FILED**  
15 OCT - 1 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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]  
Signature of a member or authorized representative of a member

Marc Robin Solym  
Printed or typed name of signee

*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 605, 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.*

Sharon Cooke Sharon Cooke, Assistant Secretary  
Signature of Registered Agent

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