M14000003325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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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. CAUSSEAUX

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

Service Description	Check Number	Name	Amount
Change of Registered Agent	553876	Registration Section Division 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

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.

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

2. (a) Principal office address of limited liability company: ***(Note: MUST BE STREET ADDRESS)***

1000 HADDONFIELD BERLIN RD

VOORHEES, NJ 08043

(b) Mailing address of limited liability company: ***(Note: MAY BE POST OFFICE BOX)***

1000 HADDONFIELD BERLIN RD

VOORHEES, NJ 08043

3. Date of filing/registration in Florida: 05/09/2014

4. Document number: M14000003325

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

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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 of a member or authorized representative of a member

Marc Robinson

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, Assistant Secretary

Signature of Registered Agent

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

INHS18 (2/14)