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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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LLC REGISTERED AGENT CHANGE CAPTEVRIX, LLC

Certificate of Status	0
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COVER LETTER	1
TO: Registration Section Division of Corporations	•
SUBJECT: CAPTEVRIX, LLC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	for filing
The enclosed Registered Agent/Registered Office Change and rects/ are submitted	101 1111116.
Please return all correspondence concerning this matter to the following:	
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Castillo at (888 705-7274	
	time 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.

l. Na	me of the limited liability company: CAPTE	EVRIX,					<u> </u>
2. (a)	320 High Tide Dr		(b) 5830	East 2nd	St		
(7	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		· /	Mailing address of (Note: MAY B	of limited liabil		
	Suite 101		Suite	95801	21001011	7 (4, 27)	2.9
	Saint Augustine, FL 32080		Casp	er, WY 82	:609		
	3/26/2015		M150	00002770			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	REGISTERED AGENT SOLU	TIONS,	INC.				
, (u)	Registered Agent and Registered Office shown on the reco	rds of the Flor	ida Dept, of St	 late:			
	155 OFFICE PLAZA, STE A				:: :::1 :::1	2022	
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRE	<u>SS)</u>	aracte.		2022 SEP 27	一 一 而
	TALLAHASSEE	_{FL} 323	01	_	IASSE	7 AM	, III
(b)	Registered Agent Solutions, In	iC.				9: 48	U
(0)	Enter name of NEW Registered Agent and/or NEW Regi	istered Office	address:		(1.1.)	œ	4
	155 Office Plaza Dr.						
	NEW Registered Office Address:						
	Suite A						
	Tallahassee	_{FL} 323	01				

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.

/s/ Aaron Dyess	Aaron Dyess	Member	
Signature of a member or authorized representative of a member	Printed of	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. Thereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst Secretary

Signature of Registered Agent