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| ☐ PICK-UP ☐ WAIT ☐ MAIL | | | |
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| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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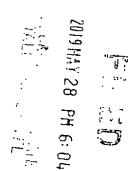
Office Use Only



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R. WHITE
JUN 12 2019

COVER LETTER

TO: Registration Section Division of Corporations

| NEPTUNE BEACH CAPITAL MANA | GEMENT, LLC |
|---|---|
| SUBJECT: | |
| Name of Limit | ed 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: |
| ADEGBOYEGA FESTUS | |
| Name of Person | |
| NEPTUNE BEACH CAPITAL MANAGEMENT, I | -rc |
| Firm/Company | |
| 2300 MARSH POINT RD UNIT 202 | |
| Address | |
| NEPTUNE BEACH, FL 32266 | |
| City/State and Zip Code | |
| ADE.FESTUS@NEPTUNEBEACHCAPITAL.CO | DΜ |
| E-mail address: (to be used for future annual report i | notification) |
| For further information concerning this matter, please call | : |
| ADEGBOYEGA FESTUS 904 | 701-0319 |
| at (| |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| Enclosed is a check for the following amount: | |
| 2 \$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.

| 1177 1010 | | EACH CAPITAL | MANAGEMENT, LLC | |
|---|--|--|---|--|
| 1. Na 2. (a) | me of the limited liability company: | 2300 M. | ARSH POINT RD | |
| ~. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) UNIT 202 | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) UNIT 202 NEPTUNE BEACH, FL 32266 | | |
| | NEPTUNE BEACH, FL 32266 | | | |
| | September 12, 2018 | M180000 | 08377 | |
| 3. 5. (a) | Date of filing/registration in Florida CONTEGA BUSINESS SERVICES LLC | 4. | Document number | |
| · (-) | Registered Agent and Registered Office shown on the records of ONE INDEPENDENT DRIVE | the Florida Dept. of State | | |
| | Registered Office Address SUITE 1200 | ADDRESS) | 2019 HAY | |
| | JACKSONVILLE , FL | 32202 | 28 | |
| (b) _ | ADEGBOYEGA FESTUS | | · • • • • • • • • • • • • • • • • • • • | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | | |
| | 2300 MARSH POINT RD | | i Po rt ∓ | |
| | NEW Registered Office Address: UNIT 202 | | | |
| | NEPTUNE BEACH | 32266 | | |
| the char agent w was/we the artic | mited liability company is not organized under the law age or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of cles of organization or the operating agreement of the under the law agreement of the law agreement o | the registered office ability company, it is if the limited liability limited liability com ADEGBOYE | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. | |
| I hereb provision the obli to mere | by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I writing of this change. | ree to act in this capa performance of my a | city. I further agree to comply with the luties, and I am familiar with and accept | |

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

Signature of Registered Agent