

M18 000008796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 07/23/20

COVER LETTER

TO: Registration Section
Division of Corporations

Cape Asset Management LLC

SUBJECT: _____
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:

David R Cutshaw

Name of Person

Cape Asset Management LLC

Firm/Company

619 SW 8th Ct

Address

Cape Coral, FL 33991

City/State and Zip Code

rcutshaw@cutshaw.com

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

For further information concerning this matter, please call:

David R Cutshaw

704

400-4117

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

Cape Asset Management LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

619 SW 8th Ct

Cape Coral, FL 33991

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

619 SW 8th Ct

Cape Coral, FL 33991

April 20, 2019

M18000008796

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 Inc.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7901 Fourth Street N Suite 300

St. Petersburg

33702

FL

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

David R Cutshaw

NEW Registered Office Address:

619 SW 8th Ct

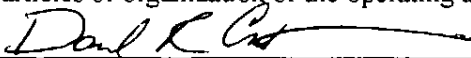
Cape Coral

33991

FL

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TALLAHASSEE, FL

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.

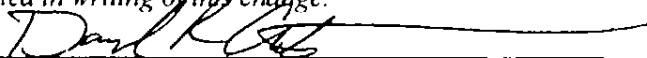


Signature of a member or authorized representative of a member

DAVID R CUTSHAW

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.



Signature of Registered Agent