

M18000010159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

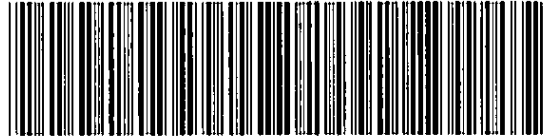
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RA Change

Office Use Only



000418403310

S. CHATHAM  
NOV -7 2023

FILED

2023 NOV -6 PM12:10

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 NOV -6 AM10:50

DIRECTOR'S OFFICE  
DIVISION OF REVENUE  
TALLAHASSEE, FL

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 11/6/2023

**\*\*WALK IN\*\***

ENTITY NAME Capital Restoration, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*E. R. J. / J.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPITAL RESTORATION, 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:

Cindy Williams

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

Harbor Compliance

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

1830 Colonial Village Way

\_\_\_\_\_  
Address

Lancaster, PA 17601

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

ewilliams@harborcompliance.com

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

For further information concerning this matter, please call:

Cindy Williams

717

844-9912

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.*

1. Name of the limited liability company: CAPITAL RESTORATION, LLC.
2. (a) Capital Restoration, LLC  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
819 Pickens Industrial Dr. Ste 7  
Marietta, GA 30062  
11/13/2018
- (b) Capital Restoration, LLC  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
819 Pickens Industrial Dr. Ste 7  
Marietta, GA 30062  
M18000010159
3. Date of filing/registration in Florida 4. Document number

5. (a) HUBCO REGISTERED AGENT SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

155 Office Plaza Drive 1st Floor

TALLAHASSEE, FL 32301

- (b) Registered Agents Inc

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

NEW Registered Office Address:

7901 4th St N Ste 300

St. Petersburg, FL 33702

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.

Stephen Clark

Signature of a member or authorized representative of a member

Stephen Clark

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.*

David Roberts

Signature of Registered Agent

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

**FILED**  
**2023 NOV -6 PM 12:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**