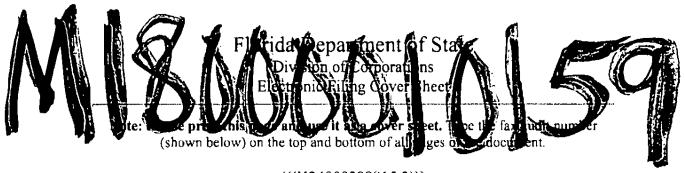
To



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	8 1.1.1			(7)	~

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI 5

Account Number : I20040000031 Phone : (800)906-9220 : (800)906-9880 Fax Number

											r - <u>-</u>
••Enter	the	email	address	for	this	business	entity	to be	used	for	future
20	nus l	nanan	t mailin	o c	Entor	only one	omail.	addnos	c 616	200	

Email /	Address:			

LLC REGISTERED AGENT CHANGE CAPITAL RESTORATION, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON DEC - 5 2024

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Capital Restoration, LLC		
		Limited Liability Company	
Dear S	ir or Madam:		
The er	nclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.	
Please	return all correspondence concerning this mat	ter to the following:	
	Name of Person	2	
		324 DE	عدر
	Firm/Company		 8
			4
	Address	2024 DEC -4 PM 4: 27	•
	City/State and Zip Code		
<u> </u>	-mail address: (to be used for future annual re	port notification)	
For fu	ther information concerning this matter, please	e call:	
	aı		
	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 amou	unt:	
	☐ S25 Filing Fee	S55 Filing Fee & Certified Copy	
INHS1	8 (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.

. (a)		(b)	
	Principal office address of limited liability company. (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	819 Pickens Industrial Drive, Suite 7		19 Pickens Industrial Drive, Suite 7
	Marietta, GA 30062	М	larietta, GA 30062
	11/13/2018	Ml	3000010159
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agents, Inc.		
(4)	Registered Agent and Registered Office shown on the records of		
	Registered Agents, Inc.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	7901 4TH ST N, STE 300		202
	St. Petersburg . FI	33702	2024 DEC *FC;
(b)	Veorp Agent Services, Inc		76.2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	
	Veorp Agent Services, Inc.		# . 2
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, FI	L 33324	
iange gent v as/we e arti	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the Sta registered o ability compo of the limited	te of Florida, it is hereby confirmed that after to ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in flity company. Wood
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee

Division of Corporations P.O. Roy 6227a Tallahussaa

Anthony Kellerman, Assistant Secretary

Signature of Registered Agent