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(((H19000228197 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number: 110432003053

Phone Fax Number : (561)694-8107 : (561)694-1639

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPITAL GAINS OPPORTUNITY FUND ADVISOR,LLC

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July 31, 2019

FLORIDA DEPARTMENT OF STATE

CAPITAL GAINS OPPORTUNITY FUND ADVISOR, LLC 2019 IMPERIAL CIRCLE NAPLES, FL 34110US

SUBJECT: CAPITAL GAINS OPPORTUNITY FUND ADVISOR, LLC

REF: M19000000607

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have completed the wrong form. You need to complete the Amendment to the application by Foreign Limited Liability Company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III FAX Aud. #: H19000228197 Letter Number: 919A00015636

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: CAPITAL GAINS OPPORTUNITY FUND ADVISOR, LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M1900000607
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 01/14/2019
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company:(must contain "Limited Liability Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Thomas Ablum
New Registered Office Address: 330 3rd Street South, Unit 1019
St. Petersburg, Florida 33701
City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent: 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. Nicholas Nichols, Attorney-in-Fact If Changing Registered Agent, Signature of New Registered Agent

7. If the amend	ment changes the jurisdiction of organiza	nion, indicate new jurisdiction:	F/LED 19 JUL 31 AM 7:00
8. If the amend	ment changes person, title or capacity in a	ccordance with 605.0902 (1)(e), indicate	1 21 1
Title/ Capacity	<u>Name</u>	Address	Type of Action
MMBR	NOVAK, JEFFERY P		DAdd
		2019 IMPERIAL CIRCLE NAPLES, FL 34110	Remove
MMBR	NEWMAN, ELLIOT		∏Add
		106 JACKDAW ALLEY MEDIA, PA 19063	Remove
MGR	Thomas Ablum	330 3rd Street South, Unit 10 St Petersburg, FL 33701	19 (Add
			Remove
MGR	Elliot Newman	106 Jackdaw Alley Media, Pr	A 19063 Add
			Remove
MGR	Steve Rosen	400 W. Ontario, Unit 807 Chicago, IL 60654	■ Add
			Remove
aforementic	a certificate, if required: no more than 90 and amendment(s), duly authenticated by under the law of which this entity is organized.	y the official having custody of records anized.	s in the
	•	f the authorized representative	
	Nicholas Nicho	ols, Attorney-in-Fact	

Filing Fee: \$25.00

Typed or printed name of signee