## M200005800

(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phon	e #)			
PICK-UP		MAIL			
(Business Entity Name)					
(Document Number)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/16/2020	
Name:	Merritt Walker	
Reference #:	1262244	
Entity Name:	CAPSUL	E JACKSONVILLE LLC
	·	ation to Transact Business
Amen	dment	
✓ Chang	ge of Agent	
☐ Reinst	atement	
☐ Conve	ersion	
☐ Merge	ſ	
☐ Dissol	ution/Withdrawal	
Fictition	ous Name	
Other_		·
Authorized A	mount: <b>\$25</b>	
Signature:	mw	

F: 800.944.6607

## 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

cioriae	u.				
I. Na	ame of the limited liability company: CAPSU	JLE JACKSONV	ILLE LLC		
2. (a)	255 GREENWICH STREET, FL4 (b) 255 G		55 GREENWICH STREET	REENWICH STREET, FL4	
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
				<u> PEFICE BOA</u>	
	NEW YORK, NY 10007		IEW YORK, NY 10007		
	June 30, 2020		M20000058	.00	
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Corporation Service Company				
), (a)	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept	of State:		
	1201 Hays Street			~:	
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)		2979 S	
				•	
	Tallahassee	<sub>, FL</sub> 32301-252	25	16	
(b)	COGENCY GLOBAL INC.			01 ID: 01	
(**)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office address:	<del></del>	05	
	115 North Calhoun St., Suite 4				
	NEW Registered Office Address:				
			<del></del>		
	Tallahassee	. Ft. 32301			
he cha igent v was/wo	imited liability company is not organized under tange or changes are made, the Florida street addrwill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the memicles of organization or the operating agreement.	ress of the registered lited liability compa- libers of the limited	I office and the business office by, it is hereby confirmed that liability company or as other	ce of the registered it the change(s)	
	ric Kinariwala	Eric Kina	· · ·		
	ture of a member or authorized representative of a member	<del></del>	Printed or typed name of	sionee	

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

Tim Mayville, Assistant Secretary

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