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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future 

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## LLC REGISTERED AGENT CHANGE CAPSTONE LLC VA

Certificate of Status	0
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Page Count	02
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## 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, Florido 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. N	ame of the limited liability company: CAPSTONE L	LC	VA			
2. (a)			(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)			
	7901 4th St N STE 300		7901 4th St N STE 300			
	St. Petersburg, FL 33702		_	St. Petersburg, FL 33702		
	06/25/2021	_	M	21000008293	···	
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	C T CORPORATION SYSTEM					
	Registered Agent and Registered Office shown on the records of t	he Flor	rida De	ept. of State:		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u> </u>			
	PLANTATION , FI.	333	24			
			<del></del>	-	202	
(b)	Northwest Registered Agent LLC				Ω <b>Σ</b>	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>addre</u>	<u>'85</u> :	2023 APR 24	1)
	7001 4th St M					
	7901 4th St N  NEW Registered Office Address:	<u></u>			PH	- (5)
					· 5	
	STE 300				26	
	St. Petersburg , FL.	3370	)2			
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	the re bility f the l limite <u>N</u>	gister comp imite d liab at S	red office and the business office of pany, it is hereby confirmed that the d liability company or as otherwis pility company. mith  Printed or typed name of sign	of the re he chang se provid see	gistered ge(s) led in
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have a provided the complete of this change.	re to t perfor I for it ereby	act in mand n Cho conf	this capacity. I further agree to a ce of my duties, and I am familiar apter 605, F.S. Or, if this documen from that the limited liability comp	omply v with and nt is bei any has	vith the d accept ng filed been

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

Taylor Newman - Assistant Secretary

Signiture of Registered Agent