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COVER LETTER

TO: Registration Section Division of Corporations	
	/ FIRST CAPITAL LTD., L.C.
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:
CARL LARUE	
Name of Person	
Firm/Company	
10150 EAST PIKE	
Address	
044400000000000000000000000000000000000	•
CAMBRIDGE, OH 43725 City/State and Zip Code	
Chy/state and Zip Code	
Carl@cardida.com E-mail address: (to be used for future annual report	notification)
E-man address. (to be used for future aimbar report	·
For further information concerning this mat	ter, please call:
Carl Larue	at (740) 439-4359
Name of Person	at (740) 439-4339 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the followi	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

\$TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

·	
Name of the limited liability company:	Security First Capital LTD, LC
2. (a) Principal office address of limited liability com	npany: Security First Capital LTD, LC
(Note: MUST BE STREET ADDRESS)	580 HOLLEY-KING LAKES RD DEFUNIAK SPRINGS, FL 32433
(b) Mailing address of limited liability company:	Security First Capital LTD, LC
(Note: MAY BE POST OFFICE BOX)	10150 EAST PIKE CAMBRIDGE, OH 43725
05/22/1988	M98000051♣ S
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Deptrof State:
Registered Agent:	STEVEN J RICHEY, ATT
Registered Office Address:	601 SOUTH 9TH STREET PROPERTY
NEW Registered Agent:	BRADLEY MASTERS
NEW Registered Agent:	BRADLEY MASTERS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	580 HOLLEY-KING ROAD DEFUNIAK SPRINGS, FL 32433 ,FL
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company.	he Florida street address of the registered office
CARL LARUE	
Printed or typed name of signee	
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent	

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