

P00000115/45

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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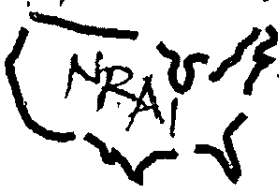


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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 28 AM 10:13

C.L.  
1-29-15



January 22, 2015

Department of State  
Att: Brenda Tadlock  
Division of Corporations, Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: CHANGE OF ADDRESS OF AGENT FOR SERVICE OF PROCESS FOR TEXADA PROFIT CORPORATION

Dear Ms. Tadlock,

NRAI Services, Inc. provides the agent for service of process in Florida. Please be advised that the address of the agent for service process has been changed from: NRAI Corporate Services, 515 E. Park Avenue, Tallahassee, FL 32301 to:

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, Florida 33324

Enclosed is our check for \$35.00 to cover the filing fee.

Please advise us when the address change has been noted and issue whatever evidence of filing that may be usual.

Thank you,

National Registered Agents, Inc.

Marie Hauer, Manager Agent Services  
111 8<sup>th</sup> Avenue, 13<sup>th</sup> Floor  
New York, NY 10011  
[marie.hauer@wolterskluwer.com](mailto:marie.hauer@wolterskluwer.com)

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National Registered Agents, Inc.

1660 Walt Whitman Road Suite 140 Melville, NY 11747  
Internet Address: [kfritz@nrai.com](mailto:kfritz@nrai.com)

Telephone: (631) 752-9100

Fax: (631) 752-9200

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** *Capital*  
**Texada Profit Corporation**  
Name of Corporation

**DOCUMENT NUMBER:** **P00000115145**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Marie Hauer**

Name of Contact Person

**CT Corporation**

Firm/Company

**111 8th Ave, 13th Floor**

Address

**New York, NY 10011**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Marie Hauer**

Name of Contact Person

at **(212) 894-8504**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Capital Texada Profit Corporation
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/18/2000 Document number: P00000115145
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI CORPORATE SERVICES

515 EAST PARK AVENUE

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Kathleen Fritz  
Signature of Registered Agent

01/20/2015

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Kathleen Fritz

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

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