P01000079539

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer;	
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SECRETARY OF STATE
1411 ANASSEE, FLORIDA

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COVER LETTER

Division of Corporations
SUBJECT: US CAPITAL Realty & Investment Inc.
DOCUMENT NUMBER: P0100079539
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:
Ricella Hernandez (Name of contact person)
U6 Capital Realty (Firm/Company)
175 Fontaineblew Blvd #10
Miami, FL 33172 (City/state and zip code)
For further information concerning this matter, please call:
Ricelda Hernandez at (305), 226-0570 (Name of contact person) (Area code & daytime telephone number)
(Name of contact person) (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 409 E. Gaines Street Tallahassee, FL 32399

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

statement of change is submitted for a corporation organized under the laws of the State of Florida 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: US Capital Realty & Investment Inc.
2. The principal office address: 175 Fontainebleau Blvd. #10
3. The mailing address (if different): 5 A
4. Date of incorporation/qualification: <u>R-8-200/</u> Document number: <u>P01000079539</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
175 Fontainebleau Blvd.
* + 1C
6. The name and street address of the new registered agent (if changed) and /or registered effice (if changed):
SA SES
(P.O. Box NOT acceptable)
PATE ORIDA
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 of the corporation has been notified in writing of the change.
(Signature of an officer or director) A CARRING Trinted or typed name and titled
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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Proted Name)

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