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R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Capital Consulting Gnove, Inc. Name of Corporation DOCUMENT NUMBER: PO20000 96493		
DOCUMENT NUMBER: G J DOOD 764 1 5		
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:		
Antonio Gostia		
Name of Contact Person		
Capital Consulting GROVP, Inc		
Firm/Company		
Capital Consulting GROVP, Inc Firm/Company 1200 Anastasia Arenva, Suite 340 Address		
Conal Gables, FL 33/34 City/State and Zip Code tony @ Capital Consulting on Line. Com		
City/State and Zip Code		
Tony (w Capital Consulting on line. Com		
E-mail address: (to be used for future annual report notification)		
For further information congerning this matter, please call:		
Name of Contact Person at (305 301-971) 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: Street Address: Amendment Section Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee. FL 32314

P.O. Box 6327

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: Captal Consulting Greave, Inc
2. The principal office address: 1200 Anastasia Are, Suite 340
Coral Gables, Fl 33134
3. The mailing address (if different): 11767 5. Dixir Hux # 176 Miami FL 33156
Miami FL 33156
4. Date of incorporation/qualification: 9/4/2002 Document number: P020000 96493
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)
Antonio Goitig - PresicEO
1200 Anastasia Are, Suite 340
Coral Gables, Fl 33134
6. The name and street address of the new registered agent (if changed) and for registered office Antonio Goitia - Pres! CEO 11767 S. Dixie Hwy - SviTr 176 P.O Box NOT acceptable MiAm I FL 33154
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. 7-14-2017 Signature of Registered Agent
If signing on behalf of an entity: HOTONIO GOLTIA Typed or Printed Name

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