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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	TEECAP, INCO	RPORATED		
	Name of C	Corporation		
DOCUMENT NUME	BER: P07	000084468		
The enclosed Statemer	nt of Change of Registered Offic	ce/Agent and fee are submitt	ted for filing.	
Please return all corres	pondence concerning this matte	er to the following:		
	Craig T	. Downs ontact Person		
	Name of Co	ontact Person		
	TEECAP. INC	CORPORATED		
		ompany		
			•	
	3250 Mary St	reet, Suite 307		
	Ado	iress		
_	Coconut Gro	ve, FL 33133 Ind Zip Code		
	City/State a	na zip Code		
mlamb@downslawgroup.com				
E-r	nail address: (to be used for	future annual report notifi	cation)	
For further information	concerning this matter, please	call:		
Cra	aig T. Downs	at ( 305 )	444-8226	
Name o	of Contact Person	at ( <u>305</u> ) Area Code & Daytin	ne Telephone Number	
F11: #25.00 -1	and and a track to			
Enclosed is a \$35.00 cr	neck made payable to the Depar	tment of State.		
	Mailing Address:	Street Address:		
	Mailing Address: Amendment Section	Street Address: Amendment Sec	ction	
	Division of Corporations	Division of Cor	-	
	P.O. Box 6327	Clifton Building	g	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: TEECAP, INCORPORATED	
2. The principal	office address: 3250 Mary Street, Suite 307	
-	Grove, FL 33133	
3. The mailing a	address (if different): 3250 Mary Street, Suite 307	
Coconut	t Grove, FL 33133	
4. Date of incorp	poration/qualification: 12/1/2010 Document number: P07000084468	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
,	Craig T. Downs	
	55 Miracle Mile, Suite 200	
	Coral Gables, FL 33134	SECKE
6. The name and (if changed):	Coral Gables, FL 33134  d street address of the new registered agent (if changed) and /or registered office  Craig T. Downs  3250 Mary Street, Suite 307	THE CONT
	Craig T. Downs	Ċ
	3250 Mary Street, Suite 307	
	P.O. Box NOT acceptable	
	Coconut Grove, FL 33133	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur	Craig T. Downs Te of an officer or director  Printed or typed name and title	
•	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this in filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.	
	1/3/11	
) Sign	nature of Registered Agent Date	
	half of an entity:	
CRA, Ty	yped or Printed Name	

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