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SECRETARY OF STATE DIVISION OF CORPORATIONS

10 JUL -6 PM 1: 22

T. HAMPTON

JUL -7 2010

EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or the liability company submits the following statement in agent, or both, in the State of Florida.	608.508, Florida Statutes, the undersigned limited order to change its registered office or registered
1. Name of the limited liability company:	CAASTREE KUSSO, LLC
2. (a) Principal office address of limited liability con	npany:
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	2 Lò 90000 25066 4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICES COMPANY
Registered Office Address:	TALLAHASSEE, FL. 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address:
NEW Registered Agent:	Juoy Del Viscio
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	640 VENICE LANC
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or a member. Printed or typed name of signee I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a chapter 608, F.S. Or, if this document is being filed a address, I hereby confirm that the limited liability confirmed that the limited liability conf	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative yote otherwise provided in the articles of organization apany.
Signature of Segistered Agent	

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