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## VIA U.S. MAIL

May 5, 2004

Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee FL 32314

RE: Adesta, LLC

Dear Sir/Madam:

Enclosed for filing, please find the appropriate document required by your state for changing the registered agent to National Registered Agents, Inc. Also, please find a check in the amount of \$25.00 to cover your filing fees.

Please process as soon as possible and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Terry Tarwater

**Enclosures** 

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	i liability company is:	ADESTA, LLC			
2. The mailing address of	the limited liability con	mpany is: 1200 Landmark Cen	ter, Suite 1300		
Omaha, NE 68102					
September 16, 2002		M02000002434			
-		4. Document nun	. Document number		
5. The name of the register Florida Department of S		tered office address as shown o	on the records of the		
<u>-</u>	C T Corporation System	1			
		Name			
1200 South Pine Island Road					
Address					
	Plantation, FL 33324 City,	State and Zip	ZODI SEC		
City, State and Zip  6. The name and address of the new registered agent and/or office:					
	NRAI Services, Inc.		SS 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	526 E. Park Avenue	Name			
-	Florida street address	(P.O. Box NOT acceptable)	# <b>F</b>		
	Tallahassee	FL 32301			
	City, S	tate and Zip			
confirmed that after the ch	lange or changes are mathe registered agent will eby confirmed that the dilability company or a f the limited liability confirmed that the limited liability confirmed that the limited liability confirmed liability liability confirmed liability li		of the registered office		
Robert E. Sommerfeld, Mana (Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby donfirm NRAI Services, inc.	ntment as registered as sof all statutes relative accept the obligation is document is being fulfill the limited liability.	gent and agree to act in this ca to the proper and complete p s of my position as registered of filed to merely reflect a change y company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.		

(Signature of Registered Agent)

Paul J. Hagan, Assistant Secretary U Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**