M02000002434

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



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ONVISION OF CORPORATIONS

10 MAR 16 PM 3-17



B. KOHR

MAR 1 6 2010

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION : C

COST LIMIT :

ORDER DATE: March 10, 2010

ORDER TIME : 12:08 PM

ORDER NO. : 312167-012

CUSTOMER NO: 7745096

CHANGE OF AGENT

NAME: ADESTA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

| Pursuant to the provisions of sections 608.416 or 608.50 company submits the following statement in order to char in the State of Florida. 1. Name of the limited liability company: ADESTA, I | 8, Florida Statutes, the undersigned limited liability age its registered office or registered agent, or both | |
|---|---|--|
| 1. Name of the limited liability company: ADESTA, I | LC s | |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | ~ | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| September 16, 2002 | M02000002434 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| Registered Agent: | NRAI Services, Inc. | |
| Registered Office Address: | 2731 Executive Park Drive Suite 4 Weston, FL 33331 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | |
| NEW Registered Agent: | Corporation Service Company | |
| NEW Registered Office Address: | 1201 Hays Street | |
| (MUST BE FLORIDA STREET ADDRESS) | Tallahassee ,FL 32301 | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member) | | |
| Blanca Lozada, Authorized Person (Printed or typed name of signee) | _ | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision familiar with and accept the obligations of my position is being filed to merely reflect a confirm that the limited liability company has been notified to provide the company of the | gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change. | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | | |

FILING FEE: \$25.00

INHS18 (05/08)

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