

A98000001355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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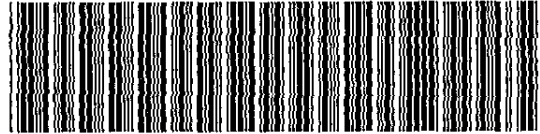
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 352732 4719600
AUTHORIZATION : *Patricia Pigitt*
COST LIMIT : \$ 35.00

ORDER DATE : December 9, 2003
ORDER TIME : 12:37 PM
ORDER NO. : 352732-010
CUSTOMER NO: 4719600
CUSTOMER: Ms. Andrea Eller
Bowne & Co., Inc.
11th Floor
345 Hudson Street
New York, NY 10014-4502

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TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: CASESOFT, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carla Lohi -- EXT# 1132

EXAMINER: _____

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CASESOFT, LTD. _____
Name of the limited partnership

2. 06/01/1998 _____ 3. A98000001355 _____
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CaseVenture, L.C. _____
Name
5000 Sawgrass Village Circle, Suite #21 _____
Address
Ponte Vedra Beach, FL 32082 _____
City, State and Zip

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TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and/or office:

Corporation Service Company _____
Name
1201 Hays Street _____
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301 _____
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

CaseVenture L.C.
BY: Scott L. Spitzer _____
Signature of General Partner Scott L. Spitzer

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 obligations 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 limited partnership has been notified in writing of this change.

Corporation Service Company
Elva M. Shipkowski _____
Signature of Registered Agent Elva M. Shipkowski

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00