



CAPITOL CORPORATE SERVICES, INC.

L00000009004

October 31, 2000

DIVISION OF CORPORATION  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

600003452986--1  
-11/06/00--01074--008  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Attn: Corporate Filing Dept.

Re: ASSAEL MANAGEMENT, LLC

Dear Filing Clerk:

L-9004

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 6563 in the amount of \$ 25.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

NOV - 6 AM 10:13  
TALLAHASSEE, FL 32314  
DIVISION OF CORPORATION

FILED

LC 11/16

Thank you,

D. Case

Delanie Case

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 liability company is: ASSAEL MANAGEMENT, L.L.C.

2. The mailing address of the limited liability company is : \_\_\_\_\_

07-26-00

L00000009004

3. Date of filing/registration in Florida

#### 4. Document number

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

NRAI Services, Inc.

Name \_\_\_\_\_

526 E. Park Avenue

Address

Tallahassee, FL 32301

City, State and Zip

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

Capitol Corporate Services, Inc.

Name

1333 North Duval St.

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32303

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of 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)

By: Roberto Assael, President/Member

(Printed or typed name of signee)

*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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

William Case, asst. sec.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**

FILED  
00 NOV -6 AM 10:31  
STATE  
TALLAHASSEE FLORIDA