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CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 OF THE STATE OF STATE **CONTACT: KATIE WONSCH** DATE: 11/18/04 **REF. #:** 0672.31963 CORP. NAME: AUSIT GROUP, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP (XX) LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 51034 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$__ PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

(XX) PLAIN STAMPED COPY

Examiner's Initials

() CERTIFIED COPY

() CERTIFICATE OF STATUS

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 limite	d liability company is:	Ausit Group, LLC	
2. The mailing address of the limited liability company is : 4524 N US One, St. Augustine, Fl			
August 21, 2001		L01000014289)
3. Date of filing/registration in Florida		4. Document number	
5. The name of the register Florida Department of	ered agent and the regist State:	tered office address as shown o	n the records of the
-	Edward J. Schack		
	32164 Sandalfoot P	Name Plaza Drive	ON HOW I SE
		Address	超音型
	Boca Raton, Florida		型ニア
	City,	State and Zip	m ° ki
6. The name and address of	of the new registered ag	ent and/or office:	篇 圣 〇
	F & L Corp.		PH 12: 33
	One Independent D	lame rive, Suite 1300	RIGHT
. ,	Florida street address	(P.O. Box NOT acceptable)	•
	Jacksonville	FL 32202-5017	
	City, St	ate and Zip	, , ,
If the limited liability com	pany is not organized u	ander the laws of the State of Fl	orida, it is hereby

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)

Stephen Kaplan

(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 auties, 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.

*By: Resident *F & L Corp.

(Signature of Resistered Agent)

Randolph J. Wolfe, Vice President

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

FILING FEE: \$25.00

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