103000011826

| (Req | uestor's Name |) |
|--|---|-------------|
| The state of the s | Chris A. Kim Ch 2194 Sevilla Napt is 1763 | |
| (City) | State/Zip/Pho | ne #) |
| PICK-UP | WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doct | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | | |
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Office Use Only



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NLLAHASSE ESTATE

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.

| agent, or both, in the | State of Florida. | | | | | |
|--|--|---|--|--|--|-----------------------------|
| 1. The name of the li | mited liability company is: _ | Claussen Leasing | LLC | | ٠ | |
| 2. The mailing addre | ss of the limited liability com | pany is: 2134 Se | villa Way, Nar | oles, FL 3410 | 09 | |
| | | | | * · | | |
| April 2, 2003 | | L0300 | 0011826 | | . م | ې ده څ |
| 3. Date of filing/regi | stration in Florida | 4. Docu | ment number | | | |
| 5. The name of the re Florida Departmen | gistered agent and the registe | red office address as | s shown on the | records of the | į | |
| , | Chris Claussen | | | | | ned . |
| | 2074 Sevilla Way | Name | | • • | | - · · · |
| | | ddress | | Z S | - | - |
| | Naples, FL 34109 City, Si | tate and Zip | <u></u> | CATE SEP |) ! | |
| 6. The name and adda | ress of the new registered age | nt and/or office: | |) | _ | |
| | Chris Claussen | | | £, | 3 | |
| | 2134 Sevilla Way | ime | . | AH IO: | O | |
| | Florida street address (| P.O. Box NOT acce | eptable) | - SA 58 | | . – |
| | Naples, FL 34109 | Dr. | | | | |
| | | te and Zip | | • | • • . | * . * [*] <u>*</u> |
| confirmed that after t | company is not organized un he change or changes are made to of the registered agent will s hereby confirmed that the classified liability company or as the liability company or as | le, the Florida street he identical. Or in | address of the | registered offi | | , |
| (Signature of a member of a | uthorized representative of a member) | <u>. </u> | * * | 1_ | - | * * |
| Mindala | 101 | | · | <u></u> . | - /- | |
| (Printed or typed name of si | gnee) | | • | • • | | . <u>.</u> |
| I hereby accept the a comply with the provi and Lam familiar wit Chepter 608, F.S. An address, Thereby com | ppointment as registered age, sions of all statutes relative to wand accept the obligations of if this document is being file in that the limited liability | nt and agree to act to the proper and co of the proper and co of my position as re- ed to merely reflect company has been n | in this capacity, mplete perform gistered agent of a change in the totified in writi | I further ago ance of my du is provided fo registered of ng of this chai | ree to ities, r in fice nge. | · 7 • |
| (Signature of Registered As | ent) | • | * | - | • • | |

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

INHS18(10/99)

FILING FEE: \$25.00