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Special Instructions to Filing Officer:		
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J. BRYAN

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EXAMINER

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. Name of the limited liability company: <u>C & C ENTE</u>	ERPRISES, LLC
2(a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	7: 125 VENUS STREET JUPITER, FLORIDA 33458
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	136 TONEY PENNA DRIVE JUPITER, FLORIDA 33458
6/12/2008	L03000021247
3. Date of filing/registration in Florida	4. Document number
3. Date of filing/registration in Florida5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of State
Registered Agent:	THOMAS CAPASSO
Registered Office Address:	125 VENUS STREET JUPITER, FLORIDA 33458
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: JEANNETTE ROBERTS
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	125 VENUS STREET JUPITER, FLORIDA 33458 "FL_
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a manber or authorized representative of a member)	t address of the registered office and the business ase of a Florida limited liability company, it is
THOMAS CAPASSO (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 pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent)	

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**