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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

Division of Corporations			
SUBJECT: CAABG			
() · · · · · · · · · · · · · · · · · ·	f Limited Liab	ility Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	l Office Chang	e and fee(s) are submitted for filir	ıg.
Please return all correspondence concernir	ng this matter t	o the following:	
(Name of Person)			
(o PN
CAABG			T JU
(Firm/Company)	. "		L-COF
1921 East Nine Mile Road			OT JUL -9 PH 3: 28
(Address)	<u> </u>		ဟု ္
		er content of an explain	28
Pensacola, Florida 32514	<u></u>	_	
(City/State and Zip Code)			
For further information concerning this ma	atter, please cal	11:	
LaDawn Hinkston	at (850	479-4871	
(Name of Person)		(Area Code & Daytime Telephor	ne Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:		
✓ \$25 Filing Fœ	55 Filing Fee & Certified Copy		
INHS18 (8/05)			

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:	CAABG		·			
2.	. The mailing address of the limited liability company is : 1921 East Nine Mile Road						
Pe	ensacola, Florida 32514						
10	0/29/2003	L0300	0041740				
3. Date of filing/registration in Florida		4. Document number					
5.	The name of the registered agent and the regist Florida Department of State:	ered office address	as shown on the record	s of the			
	Whibbs, William J M	ID		r**3			
		Name		ON S			
	321 E Nine Mile Road			07 JUL			
		Address					
Pensacola, Florida 32514			19 CENT				
	City, s	State and Zip		2 SP 5			
6.	The name and address of the new registered ag	ent and/or office:		ST S			
	Snow, Karen G MD			STATE HE STA			
	N 1921 East Nine Mile R	lame		ဟ			
	Florida street address		cceptable)				
		00544	,				
	Pensacola City St	FL 32514 ate and Zip	<u> </u>				
	City, St	ate and Zip					
an lia of or	the limited liability company is not organized uponfirmed that after the change or changes are mand the business office of the registered agent will ability company, it is hereby confirmed that the fifthe members of the limited liability company of the operating agreement of the limited liability	ade, the Florida stroil be identical. Or, change(s) was/wer or as otherwise procompany.	eet address of the registe in the case of a Florida e authorized by an affir	ered office limited mative vote			
(Si	ignature of a member or authorized representative of a member	7)					
	Karen 6 SNOW						
•	Printed or typed name of signee)						
I co ar Ci aa	hereby accept the appointment as registered agomply with the provisions of all statutes relative and I am familiar with and accept the obligations hapter 608, F.S. Or, if this document is being find the limited liability	ent and agree to a to the proper and of my position as i led to merely refle o company has been	ct in this capacity. I fur complete performance o registered agent as prov ct a change in the regist n notified in writing of t	ther agree to of my duties, vided for in ered office his change.			
(S	Signature of Registered Agent)						

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