L 03000047942

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phor	ne #)	
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(Bu	isiness Entity Na	ıme)	
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Office Use Only



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October 18, 2004

Florida Division of Corporations Amendment Department 409 E. Gaines Street Tallahassee, FL 32399

RE: Change of Address / CCS FINANCIAL SERVICES, LLC/ Doc. No. <u>L03000047942</u>

To Whom It May Concern,

This letter is to inform you that CCS Financial Services, LLC (Document # L03000047942), has changed its corporate Principal and Mailing address. Please make the appropriate changes in your records to reflect the new address. The information is as follows:

OLD ADDRESS:

CCS Financial Services, LLC 5200 NW 33rd Avenue, Suite 109
Fort Lauderdale, Florida 33309

NEW ADDRESS:

CCS Financial Services, LLC 6340 NW 5th Way Fort Lauderdale, Florida 33309 954-938-3550 OCT 20 AM II: 46

Additionally, the following Corporate Officers need to have their address changed to the above **NEW** Address.

1. Paul Hauser, Manager

(ALL OTHER OFFICERS LISTED REMAIN AT THEIR RESPECTIVE ADDRESSES)

If you have any questions or concerns, please contact our In-House Counsel, Cory Hauser, at 954-938-3550 x-215.

Sincerely,

Paul Hauser Manager

CCS Financial Services, LLC

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	d liability company is: CCS F	inancial Services, L	LC
2. The mailing address of	the limited liability company is	: 6340 NW 5 Way	·
Fort Lauderdale, Florid			-
11/25/2003		L03000047942	2
3. Date of filing/registration in Florida		4. Document nur	nber
5. The name of the registe Florida Department of S	red agent and the registered offi State: Jeffrey Wachs, Esq.	ce address as shown o	on the records of the
	Name 1177 SE 3 Avenue		•
	Address Fort Lauderdale, FL 33316 City, State and		•
6. The name and address of	of the new registered agent and/o	or office:	
	Paul P. Hauser		
	6340 NW 5th Way Name		04 TĂĹĹ
•	Florida street address (P.O. Bo	ox NOT acceptable)	OCT 20
	Fort Lauderdale FL 33	309	20 SSE
	City, State and 2	Zip	TS & M
confirmed that after the chand the business office of liability company, it is her the members of the limited	pany is not organized under the lange or changes are made, the I the registered agent will be ideneby confirmed that the change(so I liability company or as otherwish the limited liability company.	Florida street address tical. Or, in the case	of the registered office of a Florida limited
(Signature of a member of authori	zed representative of a member)		
Paul Hauser (Printed or typed name of signee)	MER	_	
	ntment as registered agent and so of all statutes relative to the pile accept the obligations of my phis document is being filed to make the limited liability comparance.	agree to act in this ca roper and complete p osition as registered a erely reflect a change iy has been notified ii	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00