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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CAUSF OFFICE, LLC (Name of Line)	mited Liability Company)	0
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	7
Rod Casto, Ph.D. (Name of Person)		RESEARCH FOUND ALL 45
University of South Florida Research Foundation, Inc. (Firm/Company)	<u>. </u>	PH 4: 45
3802 Spectrum Boulevard, Suite 100		
(Address) Tampa, FL 33612		
(City/State and Zip Code)		
For further information concerning this matter, p	elease call:	
Rod Casto, Ph.D. at	(813) 974-1082	
(Name of Person)	(Area Code & Daytime Telephone 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 following an	mount:	
☐ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy	

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: CAUSF OFFICE, LLC			
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 3802 Spectrum Boulevard, Suite 100 Tampa, FL 33612		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3802 Spectrum Boulevard. Suite 100 Tampa, FL 33612		
January 16, 2004 3. Date of filing/registration in Florida	L04000004575 4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Carter, John E		
Registered Office Address:	4211 W. Boy Scout Blvd, #520 Tampa, FL 33607		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent: <u>Casto, Rod</u>			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3802 Spectrum Boulevard Suite 100 Tampa,FL 33612		
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)			
Rod Casto, Ph.D (Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram 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 notifie	agree 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 d in writing of this change.		
(Signature of Registered Agent)	TA 20		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

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