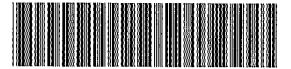
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Customer Sati	sfaction Improvement, LLC	
(Name o	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
James D. Dati, Esq.		
(Name of Person)		
Bond, Schoeneck & King, P.A.	ALEG OS N	
(Firm/Company)	ARE	
4001 Tamiami Trail North, Su	ite 250 ASSET FLORIT	
(Address)	To in	
Naples, FL 34103-3555	O7 ORIDA	
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
James D. Dati, Esq.	at (239) 659-3845	
(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 follow	ving amount:	
X \$25 Filing Fee	555 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.

age in or com, in the state of the time.
1. The name of the limited liability company is: Customer Satisfaction Improvement, LLC
2. The mailing address of the limited liability company is: 20944 Island Sound Circle,
Suite 305, Estero, FL 33928
01/26/2004 _ L04000008865
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
M. Denise Wolf
Name
Name 27499 Riverview Center Boulevard, Suite 253 Pur Address Bonita Springs, FL 34134 City, State and Zip 6. The name and address of the new registered agent and/or office: M. Denise Wolf Name
Bonita Springs, FL 34134
City, State and Zip
6. The name and address of the new registered agent and/or office:
M. Denise Wolf
20944 Island Sound Circle, Suite 305
Florida street address (P.O. Box NOT acceptable)
Estero FL 33928
City, State and Zip
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)
(Signature of a memoer of authorized representative of a memoer)
M. Denise Wolf
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent) M. Denise Wolf

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