## L04000032895

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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CST Technology Group, L (Name of Lin	LC nited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning the	is matter to the following:		
Donald P. Moore, Esq.			
(Name of Person)	<del></del>		
Holland & Knight LLP (Firm/Company)			
(			
701 Brickell Avenue, Suite 3000			
(Address)			
Miami, FL 33131			
(City/State and Zip Code)	<del></del>		
For further information concerning this matter,	please call:		
Donald P. Moore, Esq. a	at ( 305 ) 789-7638		
(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	amount:		
<b></b> ✓ \$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. The name of the limit	ed liability company is:	CST Technology Group, LLC		
2. The mailing address of	of the limited liability co	ompany is: 1535 SW 2nd Avenue,	Suite 2	
Miami, FL 33129	<u> </u>			
4/29/2004	_	L04000032895		
3. Date of filing/registra	tion in Florida	4. Document number	4. Document number	
5. The name of the regist Florida Department of		stered office address as shown on the	records of the	
	Moore, Donald P	. Esq.		
		Name		
1395 Brickell Avenue, 14th Floor				
		Address	<del></del>	
	Miami, FL 33131	·	<u> </u>	
	City,	State and Zip	<b>∑</b> ₩ <b>₹</b>	
6. The name and address	of the new registered as	gent and/or office:	FILED  06 MAR 22 AM    : 02  SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	Donald P. Moore,	Esq.	LED 2 Mil 8 GF S SEE, FL	
	]	Name	<u> </u>	
		P, 701 Brickell Ave., Ste. 3000	I: 02 I ATE ORIDA	
	Florida street address	s (P.O. Box NOT acceptable)	<b>≯</b> m ~	
	Miami	FL 33131		
	City, S	State and Zip	•	
confirmed that after the cand the business office of liability company, it is he of the members of the linear the operating agreement (Signature of a member of authority).	change or changes are median from the registered agent will be confirmed that the mited liability company of the limited liability company of the limited liability contains the limited liability of a member of	under the laws of the State of Florid nade, the Florida street address of the ill be identical. Or, in the case of a le change(s) was/were authorized by or as otherwise provided in the articly company.	registered office	
Onald P. Moore, Esq.				
120	rized representative of a member	•		
(Printed or typed name of signee	.)			

(Signature of Registered Agent)

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.