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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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SECRETARY OF STATE

COVER LETTER

Registration Section TO: Division of Corporations CUSTOM HOLDINGS, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN PAULICH, III Name of Person PAULICH, SLACK & WOLFF, P.A. Firm/Company 5147 CASTELLO DRIVE Address NAPLES, FL 34103 City/State and Zip Code S.GROSS@CASTLE-APTS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHN PAULICH, III Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

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.

| gs, LLC |
|--|
| 915 MULL AVENUE SUITE 1-A AKRON, OH 44313 |
| 915 MULL AVENUE SUITE 1-A AKRON, OH 44313 |
| L04000061630 |
| 4. Document number |
| he records of the Florida Dept. of State. |
| BDB AGENT CO. |
| 5355 TOWN CENTER ROAD STE 900 BOCA RATON, FL 33486 |
| V Registered Office address: Corporate Registered Agent, LLC |
| Naples FI 34103 |
| aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the provided in the articles of organization or the provided in the articles of organization or the provided in this capacity. I further agree to the per and complete performance of my duties, sition as registered agent as provided for in the registered office that been notified in writing of this change. |
| |

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

INHS18 (05/08)