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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	FILED	
SUBJECT: CT ITALIA, LLC. (Name of	ZOOB AUG -7 P 1: 2 Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
STEVEN N. PARKS (Name of Person)		
CUERVO & PARKS, P.A. (Firm/Company)	 	
P.O. BOX 811000		
BOCA RATON, FL 33481-1000 (City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
STEVEN N. PARKS	at (954) 923-8260	
(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 followi	ng amount:	
\$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 on registered.

agent, or both, in the State of Florid	da.	
1. The name of the limited liability	company is: CT ITALIA, LLC.	2006 AUG - 7 ↑ 1: 23
2. The mailing address of the limite	ed liability company is : 10388 SW 49TH	MANICO
COOPER CITY, FL 33328		SECRETARY OF STATE TALLAHASSEE, FLORIDA
MARCH 28, 2006	L06000032797	·
3. Date of filing/registration in Flor	rida 4. Document num	nber
Florida Department of State:	and the registered office address as shown of the volborth	on the records of the
5386 S	Name W 33RD WAY	
HOLLY	Address WOOD, FL 33314 City, State and Zip	
6. The name and address of the new	•	
<u>JOSEP</u>	H VOLBORTH	
10388 \$	Name SW 49TH MANOR,	
	street address (P.O. Box NOT acceptable)	
COOPE	ER CITY, FL 33328	
	City, State and Zip	
confirmed that after the change or c and the business office of the regist liability company, it is hereby confi	ot organized under the laws of the State of I changes are made, the Florida street address ered agent will be identical. Or, in the case irmed that the change(s) was/were authorize lity company or as otherwise provided in the mited liability company.	of the registered office of a Florida limited d by an affirmative vote
(Signature of a member or authorized represen	ntative of a member)	
STEVEN N. PARKS as A. (Printed or typed name of signee)	Hong for LCC	•
I hereby accept the appointment as comply with the provisions of all st and I am familiar with and accept t	s registered agent and agree to act in this co atules relative to the proper and complete p he obligations of my position as registered o	pacity. I further agree to erformance of my duties, 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)