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Certified Copies	_ Certificates	of Status
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Special Instructions to Filing Officer:		
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJECT: Kahama VII, LLC.  Name of Limited Liability Company				
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	g this matter to the following:		
	Roger Hoss			
	Name of Person	MIR MAY 29 PH 1:56 SEUNLTARY OF STATE TALLAHASSES. FLORED TO SEE THE S		
	Sequoia Financial Solution	<u>18</u>		
	Firm/Company			
	10 Fairway Drive, Suite 20	no Sta <b>S</b>		
	Address	<del>"</del>		
	Marios			
	Deerfield Beach, FL 3344	41		
	City/State and Zip Code			
roger@sequoiafinancialsolutions.com  E-mail address: (to be used for future annual report notification)				
For fi	urther information concerning this mat	tter, please call:		
	Roger Hoss	at ( 916 )799-7390		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
	Enclosed is a check for the followi	ing 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 or registered agent, or both, in the State of Florida.

Name of the limited liability company:	Kahama VII, LLC
2. (a) Principal office address of limited liability compan	ny: 1777 Botelho Drive
(Note: MUST BE STREET ADDRESS)	Suite 300 Walnut Creek, CA 94596
(b) Mailing address of limited liability company:	1777 Botelho Drive
(Note: MAY BE POST OFFICE BOX)	Suite 300 Walnut Creek, CA 94596
06/25/2008	L08000062302
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Robert Abraham
Registered Office Address:	220 South Ridgewood Avenue Suite 200  Daytona Beach, FL 32114
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Roger Hoss  10 Fairway Drive Suite 209
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office
Signature of a member or authorized representative of a member	
Mark S. Carter Printed or typed name of signee	<del>_</del>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608 F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

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

Signature of Registered Agent