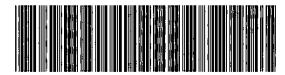
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T. HAMPTON
JUN 2 9 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CSR Healthcare 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:		
Martin Revella Name of Person		
Name of Person		
Pa: ma Care, UC.		
Firm/Company		
1753 W. Flatcher Ave.		
Address		
TAMPA FL 33612 City/State and Zip Code		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tot further information concerning this matter, preuse can.		
Martin Resulto at (813) 514-6750 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 following amount:		
\$25 Filing Fee \$25 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. Name of the limited liability company: CSR H.	ealthcase Holdings LC.	
2. (a) Principal office address of limited liability company	: 1753 W. Flatcher Ave	
(Note: MUST BE STREET ADDRESS)	TAMPA, FL 33612	
(b) Mailing address of limited liability company:	1753 W. Futcher Ave.	
(Note: MAY BE POST OFFICE BOX)	TA-PA, FL 33612	
7/15/08	L08000068482	
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:	Fil Corp.	
Registered Office Address:	Suite 1300 Jacks sille, FL 32202	
· ·	Suite 1300	
	JACKS Sille, FL 32202	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Martin Revello	
NEW Registered Office Address:	1753 W. Futcher Ave.	
(MUST BE FLORIDA STREET ADDRESS)	TA- 90 ,FL 33612	
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 identi- 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.	cal. Or, in the case of a Florida limited	
Signature of a member or authorized representative of a member	Z8 FARY	
Mactin Revello	- 00 \CD	
Printed or typed name of signee	OR ST	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further a temper to per and complete performance of my captes, it in a registered agent as provided for invely reflect a change in the registered affice has been notified in writing of this change.	
Sandhire of Cenics of Marie		