Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Comporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 ·Fax Number : (955)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:					

## LLC REGISTERED AGENT CHANGE CABO BAJA INVESTMENTS LLC

Certificate of Status	()
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

## COVER LETTER

TO:

INHS18 (5/08)

PL015 - 177(6/10) 0 C f System Collec

Registration Section

Division of Corporations SUBJECT: CABO BAJA INVESTMENTS 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: Todd Hoytink Name of Person Husco International Firm/Company 1116 UNIVERSAL BLVD Address WHITEWATER, WI 53190 City/State and Zip Code todd.hoytink@huscointl.com E-mail address: (to be used for future tempol report notification) For further information concerning this matter, please call: Nume 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 Talialiasseo, Florida 32301 Enclosed is a check for the following amount: 🛚 \$25 Filing Fee ☐ \$55 Piling 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 the liability company submits the following statement in ugent, or both, in the State of Florida.  1. Name of the limited Hability company: CABO BAL					
2. (a) Principal office address of finited liability corr	114 CONTONIA DO DAG				
(Note: MUST BE STREET ADDRESS)	NAPLES PL 34108 US				
(b) Mailing address of limited liability company:	316 COLONY DRIVE				
(Note: MAY BE POST OFFICE ROX)	NAPLES FL 34108 US				
2/21/2009	1.09000121046				
Date of filing/registration in Florida	4. Document number R.C.				
. (a) Registered Agent and Registered Office shown	1 on the records of the Florida Dept, of State:				
Registered Agent:	NAPLES-LAWDOCK, INC.				
Registered Office Address:	1395 PANTHER LANE, SUITE 300 NAPLES PL 34109 US				
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:				
NEW Registered Agent:	CT Corporation System				

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 identical. Or, in the case of a Florida limited liability company, it is horeby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

1200 South Pine Island Road

Pluntation

Signalate of a member or attitudized representative of a member A. A. Rumirez

**NEW** Registered Office Address:

(MÚST BE FLORIDA STREET ADDRESS)

Printed or typed name of signed

Thereby 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 808, 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.

CT Corporation System

\*\*The confirmation of the company has been notified in writing of this change. 1. Ribecca Bath

Signature of Registered Agent

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

INHS 18 (05/08)