## 198000000706

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## 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. The name of the limited liability company is: \_

CaseVenture, L.C.

2. The mailing address of	of the limited liability company is:	5000 Sawgrass Village Circle,	
Suite 21, Ponte Vedra			
05/29/1998		L98000000706	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the regist Florida Department of		e address as shown on the records of the	
	Corporation Service Compar	y	
	Name 1201 Hays Street		
	Address Tallahassee, FL 32301-252 City, State and		
6. The name and address	of the new registered agent and/or	r office:	
	Gregory A. Krehel	, Suite 21	
	Name 5000 Sawgrass Village Circle, Suite 21		
	Florida street address (P.O. Box	NOT acceptable)	
	Ponte Vedra Beach, FL 320	082	
	City, State and Z	ip	
confirmed that after the c and the business office of liability company, it is he the members of the limite	hange or changes are made, the FI fithe registered agent will be idented by confirmed that the change(s) and liability company or as otherwise the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or	
Gregory A. Krehel			
(Printed or typed name of signee	)	<del>-</del> ,	
( 3	intment as registered agent and a us of all statules relative to the pro ud accept the obligations of my po this document is being filed to me uthat the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
(Signature of Registered Agent)			
Divisio	on of Cornorations, P.O. Box 63:	27. Tallahassee, FL 32314	

INHS18(10/99)

**FILING FEE: \$25.00**