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(Re	equestor's Name)	en e			
(Address)					
(Ac	ldress)				
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PICK-UP	MAIT	MAIL			
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SECRETARY OF STATE
ALLAHASSEE, FLORIO

COVER LETTER

Division of Corporations			
SUBJECT: Cascade Investments, LLC			
(Name of I	Limited Liab	ility Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Chang	e and fee(s) are submitte	ed for filing.
			Ü
Please return all correspondence concerning	this matter t	o the following:	,
Donald K. Mullaney			
(Name of Person)			O TAIS
			ECR LA
Cascade Investments, LLC			TILL 16 RETARY AHASSE
(Firm/Company)			
· · · · · · · · · · · · · · · · · · ·		•	PH 2: 3 OF STATE
631 U.S. Highway One, Suite 304			STA COR
(Address)			DA 32
		·	
North Palm Beach, FL 33408 (City/State and Zip Code)			
(Chy/State and Zip Code)			
For further information concerning this mat	ter, please ca	all:	
Andrew Helgesen, P.A.	at (_561) 622-7755	
(Name of Person)		(Area Code & Daytim	e Telephone Number)
STREET/COURIER ADDRESS:	N	AAILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	ing amount:		
		\$55 Filing Fee & Certifi	ed 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. The name of the limit	ed liability company is: C	Cascade Investments, LLC		
2. The mailing address of	of the limited liability com	pany is : <u>631 U.S. Highway On</u>	ne, Suite 304	
North Palm Beach, FL 334	108			
£1\$/04/1999 ^[]		L9900007434		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regis Florida Department of	tered agent and the register	red office address as shown or	n the records of the	
· · · · · · · · · · · · · · · · · · ·	Donald K. Mullaney			
		lame .		
	321 Northlake Blvd., St		7	
		ddress	ALL SE	
	North Palm Beach, FL 3	ate and Zip		
	•	•	IAS AS	
6. The name and address	s of the new registered age	nt and/or office:	SEX O	
	Donald K. Mullaney		PM 2:31	
		me	107 N	
	631 U.S. Highway One,			
*	Florida street address (P.O. Box NOT acceptable)	A . —	
	North Palm Beach	FL 33408		
	City, Sta	te and Zip		
confirmed that after the and the business office of liability company, it is hof the members of the lor the operating agreement.	change or changes are mad of the registered agent will bereby confirmed that the c	der the laws of the State of File, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized as otherwise provided in the company.	of the registered office of a Florida limited by an affirmative vote	
Donald K. Mullaney (Printed or typed name of signe	e)			
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confir (Signature of Registered Agent	Miller	nt and agree to act in this cap o the proper and complete pe of my position as registered ed to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

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