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SECNLASSES FOR THE STATE OF THE SECNLASSES OF STATE OF THE SECNLASSES OF THE SECNLAS

CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301 850-222-1092 USA Chasco 9, LLC () Profit () Amendment () Merger () Nonprofit () Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Limited Partnership () Other () Annual Report (X) LLC () Name Registration (X) Change of RA () Fictitious Name () UCC () Certified Copy () Photocopies () CUS () Call When Ready () Call If Problem () After 4:30 (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 11/22/2005 TBD by Lisa Duboi Order#: Availability _____ Document Examiner _____ Ref#: Updater _____ Verifier _____ AAM

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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.

agent, or both, in the bi	are of 1 to tau.			
1. The name of the limit	ted liability company	is: USA Chase	20 9, LLC	
2. The mailing address	of the limited liability	company is:		
Five Financial Plaza Ste. 10:	5 Napa, Ca 94558			
06/16/2003			M03000001960	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the regis Florida Department of		egistered office	e address as shown o	n the records of the
ŕ	LexisNexis Document	Solutions, Inc.		
		Name		
	1201 Hays Street			
		Address		75. OS
Tallahassee, FL 32301			FE 3	
	Ci	ty, State and 2	Lip	2
6. The name and addres	s of the new registered	d agent and/or	office:	TALLAHASSEE FLORID
	ст	Corporation Sys	tem	my 3
	Name			
	1200 South Pine Island Road			RATE
Florida street address (P.O			NOT acceptable)	P
	Plantation	FL	33324	
	City	, State and Zij	p	
If the limited liability co- confirmed that after the and the business office co- liability company, it is hof the members of the li- or the operating agreements. By: (Signature of a member or authors)	change or changes are of the registered agent ereby confirmed that imited liability compa ent of the limited liabi	e made, the Flower will be idention the change(s) my or as other ility company.	orida street address o cal. Or, in the case o was/were authorized	f the registered office of a Florida limited by an affirmative vote
michaed	E.Jones			
(Printed or typed name of signe	•		•	
I hereby accept the app comply with the provisio and I am familiar with a Chapter 508, F,S. Or, ij address, I hereby confir	ointment as registered ins of all statutes relai nd accept the obligati this document is bein n that the limited liab	l agent and ag tive to the prof ons of my post ig filed to men ility company	ree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in	acity. I further agree to formance of my duties, gent as provided for in n the registered office writing of this change.

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

(Signature of Registered Agent)