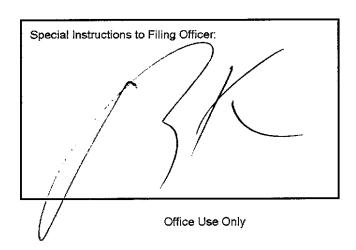
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					





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11/28/05--01001--006 **\$25.00

SECREJARY OF STATE TALLAHASSEE, FLORIDA

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C1 Corporation System	FL, 32301 850-222-1092		
USA Chasco 13, LLC			
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() Profit	() Amendment	() Merger	
() Nonprofit () Foreign	() Dissolution/Withdrawal	() Mark	
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() Limited Partnership	() Annual Report () Other		
(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		
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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 limit	ed liability company i	s: USA Chase	o 13, LLC	•	
2. The mailing address of	f the limited liability	company is:			
Five Financial Plaza Ste. 105	Napa, Ca 94558		<u>-</u>		
06/16/2002			M03000001964		
06/16/2003		•		1	
Date of filing/registra	non in Florida		4. Document num	ber	
5. The name of the regist Florida Department of		gistered office	address as shown o	n the records of the	
· <u>-</u>	LexisNexis Document S	Solutions, Inc.			
		Name		OS NOV	
	1201 Hays Street			59 5 7	
		Address			
	Tallahassee, FL 32301			23 23	
	Cit	y, State and 2	ip	mo z m	
6. The name and address	of the new registered	agent and/or	office:	AF 8: 12 YOF STATE	
	СТС	Corporation Syst	tem	器 2	
		Name		A	
	1200 Soi	uth Pine Island I	Road		
Florida street address (P.O. Box NOT acceptable)					
	Plantation	FL	33324		
	City,	State and Zi	p		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lift or the operating agreement. By:	change or changes are fithe registered agent ereby confirmed that the mited liability comparent of the limited liability.	made, the Flowill be identi he change(s) ny or as other lity company.	orida street address of cal. Or, in the case of was/were authorized wise provided in the	of the registered office of a Florida limited I by an affirmative vote	
(Signature of 1 member or autho	rized representative of a men	nber)	•		
michaele	Jones				
(Printed or typed name of signee	f				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	sintment as registered ns of all statutes relat nd accept the obligation this document is bein n that the limited liabi	agent and agive to the pro ons of my pos g filed to mer lity company	rree to act in this cap per and complete pe ition as registered a elv reflect a change has been notified in Tem Attebeny	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
Jan Ottom	<u> </u>		Assistant Secretary		
(Signature of Registered Agent)			maanaman == : ,		

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