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(Requestor's Name)		
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(Cit	y/State/Zip/Phone	· #)
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APR 2 0 2009

EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE : 961969

AUTHORIZATION :

COST LIMIT : \$ 25.

ORDER DATE : April 16, 2009

ORDER TIME : 9:33 AM

ORDER NO. : 961969-045

CUSTOMER NO: 7425546

CHANGE OF AGENT

NAME: CUSA EE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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. Name of the limited liability company: CUSA EE,	LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 812 Delano Houston, TX 77003
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	812 Delano Houston, TX 77003
09/05/203	M03000002939
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 S. Pine Island Road Plantation, FL 75240
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
PAGE SELECTION OF THE	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	_
Maureen Cullen, Authorized Person (Printed or typed name of signee)	- -
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited diability company has been notified to provide the company of the compan	

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