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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: THE CASTORO GROUP, LLC
2. The mailing address of the limited liability	y company is : 60 EAST SIMPSON STREET
PO BOX 2869 JACKSON, WY 83001	
08/03/2004	M0400003094
3. Date of filing/registration in Florida	4. Document number
Florida Department of State: KAREN MALL 1 Progress plaz St. Petersburg, Ci 6. The name and address of the new registered Paracorp Incorp 236 East 6th Ave	Name ta #1210 Address FL 33701 ity, State and Zip d agent and/or office: porated Name
Tallahassee	FL 32303
City	, State and Zip
If the limited liability company is not organize	ed under the laws of the State of Florida, it is hereby

on the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Faul Castors Group its (Signature of a member of authorized representative of a member)

Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Denise Zollner, Paracorp Asst. Secy.

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