M06000001284

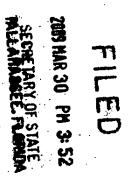
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Or a way out Numbers)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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03/30/09--01006--023 **125.00



C. LEWIS MAR 3 1 2009 **EXAMINER**

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.

		Casata atias Susaturand Inc.	onnes Candasa III C	
1. The name of the limite	d liability compa	any is: Construction Surety and Insur	ance Services, LLC	
2. The mailing address of	f the limited liabi	ility company is :		
400 Locust Street, Suite 30	0, Des Moines, IA	50309		
3. Date of filing/registration in Florida		M06000001284		
3. Date of Hing/registrat	ion in Florida	4. Document n	umber	
5. The name of the registe Florida Department of		e registered office address as show	n on the records of the	
	CT Corporation S		_	
		Name		
1200 South Pine Island Road			_;	
		Address	3 0 3	
	Plantation, FL 3	3324 City, State and Zip		
			经第二	
6. The name and address	of the new registe	ered agent and/or office:		
	NRAI Services, Ir	nc.	FILEU STA	
	TATION DELVICES, II	Name	7 20	
	2731 Executive F	Park Drive, Suite 4	32 S	
		address (P.O. Box NOT acceptable	Br N	
		771	•	
	Weston	FL 33331 City, State and Zip		
	,	City, State and Zip	·	
confirmed that after the cl and the business office of liability company, it is her of the members of the lin or the operating agreemen	hange or changes the registered ag reby confirmed the nited liability con at of the limited l		ss of the registered office se of a Florida limited zed by an affirmative vote	
(Signature of a member or author	ized representative of a	a member)		
Cathi J. Wall, Asst. Secreta (Printed or typed name of signee)				
(Signature of Registered Agent) Sean L. Emerick, Asst. Sec	cretary	ered agent and agree to act in this relative to the proper and complete gations of my position as registere being filed to merely reflect a chan liability company has been notified		
Divisio	n of Corporatio	ons, P.O. Box 6327, Tallahassee, F	L 32314	

FILING FEE: \$25.00

INHS18 (8/05)