Division of Corporations Electronic Filing Cover Sheet

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L. SELLERS

OUT-5 2010

EXAMINER **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:	pwilmesmeier@gogenevacapital.com
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Electronic Filing Menu

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Help

TOTAL P.02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

I THE TOWN OF IT TOURS OF IT IS

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: Ceneva Capital	i, ele		
2. (a) Principal office address of limited liability company	522 Broadway St., S	te. 4	
(Note: MUST BE STREET ADDRESS)	Alexandria, Minnesota 56308		
(b) Mailing address of limited liability company:	522 Broadway St., S	ite. 4	
(Note: MAY BE POST OFFICE BOX)	Alexandria, Minnesota 56308		
6/18/2007	M0700003688		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	ept. of State:	
Registered Agent:	THOMAS E CARON		
Registered Office Address:	208 25TH ST. W BRADENTON FL 34205		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office addre		
NEW Registered Office Address:	1203 Governors Square Blvd, Suite 101,		
MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL32301-2960	
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl	lorida street address of the re	egistered office	
and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company) was/were authorized by an wise provided in the articles	affirmative vote	
ignature of a member or authorized representative of a member	-		
Mark A. Watkins, Member	_		
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 province of any postal am familiar with and accept the obligations of my post hapter 608, F.S. Or, if this document is being filed to metalphe to the company of the limited liability company	- gree to act in this capacity, sition as registered agent as rely reflect a change in the r has been notified in writing	I further agree to nce of my duties, provided for in egistered office goffhis change.	
Mall Signature of registered Agent Williams, AVP, Business Filings Inc.		train C	
Division of Corporations, P.O. Box 63: FILING FEE: \$2	27, Tallahassee, FL 32314	- 100 F	
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