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MIU	00073697
(Requestor's Name) (Address)	800215095858
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	DEPARTMEN 12 JAN -4
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Office Use Only B. KOHR	DIVISION OF CRETAR
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CORPORATION SERVICE COMPANY	ACCOUNT NO.	:	120000000)195	014.55
	REFERENCE	:	034452	5049800	AS CORE AL
	AUTHORIZATION	Q	millele	nan	THE COLOR
	COST LIMIT	; (\$ 25.00		14 200
	- 1	-			
ORDER DATE :	December 21, 201	1			
ORDER TIME :	2:48 PM				
ORDER NO. :	034452-038				
CUSTOMER NO:	5049800				
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CHANGE OF AGENT

NAME: CBAM INTREPID FUND, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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.

TREPID FUND LLC		
ny: <u>801 North Orange Ave., Suite 730</u> Orlando, FL 32801		
P2		
M11000003697		
4. Document number		
on the records of the Florida Dept. of State:		
United Corporate Services, Inc.		
9200 South Dadeland Blvd. Suite 508 Miami, FL 33156		
EW Registered Office address:		
Corporation Service Company		
1201 Hays Street		

Tallahassee FL 32301

If 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.

Mauren Cithell

(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person

(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 duties, 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.

By: Dread-Kirby, Grace E. Kirby, Assistant V.P.

(Signature of Registered Agent) Corporation Service Company

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