

PO1000116866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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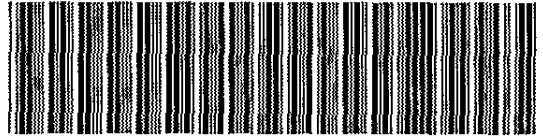
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAS Enterprises, Inc.
(Name of corporation)

DOCUMENT NUMBER: P01000116866

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

H. Lee Wall
(Name of person)

Wall Foss Financial, LLC
(Name of firm/company)

225 E. Lemon Street, Suite 205
(Address)

Lakeland, Florida 33801
(City/state and zip code)

For further information concerning this matter, please call:

H. Lee Wall at (863) 683-0708
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
Florida *in order to change its registered office or registered agent, or both, in the State*
of Florida.

1. The name of the corporation: CAS Enterprises, Inc.
2. The principal office address: 225 E. Lemon Street, Suite 205, Lakeland, Florida 33801
3. The mailing address (if different): Same As Above

4. Date of incorporation/qualification: 12/10/2001 Document number: P01000116866

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hayes Street

Tallahassee, Florida 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

H. Lee Wall

225 E. Lemon Street, Suite 205

(P.O. Box or personal mailbox NOT acceptable)

Lakeland, Florida 33801

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Christopher A. Sapp, President
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

10/22/02

(Date)

If signing on behalf of an entity:

H. Lee Wall

(Typed or Printed Name)

Registered Agent

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA