FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 92181 015 ****55.00

| Maring Asserted State St | 2003 LIMITED LIABILITY COM UNIFORM BUSINESS REPORT DOCUMENT # L02000023177 1. Entity Name SINAI FTI GROUP, LLC | | | | | | | |
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| City & State Ci | Principal Place of Business 3. | | 3. Mailing Address | 3. Mailing Address | | | | |
| 2p Country Zip Country S. Contriby S. Contriby S. Contribute of Status Desired Status Desired Section of New Pregistered Agent DADE CORPORATE SERVICES, INC. 2000 CORAL WAY, SUITE 103 MIAMI, FL 33146 Seet Address (P.O. Box Number is Not Acceptable) Seet Address (P.O. Box Number is Not Acceptable) City FL Zip Code E. The above number entry submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the ordinations of registered agent, or both, in the State of Fords. I am familiar with, and accept the state of Fords. I am familiar with, and accept the state of Fords. I am familiar with, and accept the state of Fords. I am familiar with, and accept the state of Fords. I am familiar with, and accept the state of Fords. I am familiar with, and accept the state of Fords. I am familiar with, and accept the state of Fords. I am familiar with, and accept th | Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | | MAKING CHANGE | 5 |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145 City FL 7p Code City FL 7p Code City FL 7p Code The above named easily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the oilligations of registered agent. SIGNATURE MANAGING MEMBERS MANAGERS THE MARK SIRVAN STATES TO NOT STATES TO | City & State | | City & State | City & State | | 4. FEI Number 55-0804704 | ⊢ | |
| DADE CORPORATE SERVICES, INC. 2300 COPAL WAY, SUITE 103 The above named entry submits this statement for the purpose of changing this registered algent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered algent. SIGNATURE Name | Zìρ | Country | Zip | Coun | try | 5. Certificate of Status Desired | | |
| DADE CORPORATE SERVICES, INC. 200 CORAL WAY, SUITE 103 MIAMI, FL 33146 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portics. I am familiar with, and accept the onligations of registered agent. SIGNATURE SUBMIT TO ALL STATES AND | | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and Address of New Reg | istered Agent | |
| MAMI, FL 33145 City FL Zip Code | | | | | | | | |
| B. The above named entary submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUBJECT TO THE SUBJECT OF THE STATE OF TH | | | | | Street Address (| P.O. Box Number is Not Acceptable) | | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUPPLIED NOW! FEB IS \$50.00 | | | | | City | | FI Zip Co | ide |
| SIGNATURE Superior types or primarianes of engineeria agent and the Taylecine (NOTE Requested Agents Species State St | | | for the purpose of changing | its registere | ed office or register | ed agent, or both, in the State of Florid | _ | n, and accept |
| ### COTE Payable to Florida Department of State | | | | | | | | |
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