

**L02000034568**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From: *Ivy Rosenthal*  
Account Name : BROAD AND CASSEL-WPB  
Account Number : I19990000010  
Phone : (561) 832-3300  
Fax Number : (561) 655-1109

**REGISTERED AGENT CHANGE**

MHLP, LLC

Certificate of Status	0
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**T. HAMPTON**

**EXAMINER**

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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.

- 1. Name of the limited liability company: MHL P, LLC
2. (a) Principal office address of limited liability company: 801 Biscayne Blvd.
(b) Mailing address of limited liability company: 801 Biscayne Blvd.

December 23, 2002 10200004668
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Peninsula Registered Agent, Inc.
Registered Office Address: 200 S. Biscayne Boulevard

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: S & O Corporate Services, Inc.
NEW Registered Office Address: One Biscayne Tower - 21st Floor

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.

(Signature of a member or authorized representative of a member)
Requel Libman, Authorized Representative

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.

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

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