L0300004183

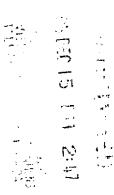
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



700043197227

Leverage arrang speciment (iii)



PATTANIS CONTRAIN

CT Corporation System	660 E. Jefferson St., Taliahassee, FL, 32301 850-222-1092		
LENH IV, LLC			
		· · · · · · · · · · · · · · · · · · ·	
		1, 8 0	
		The second	
· · · · · · · · · · · · · · · · · · ·	·	5	
		1	
	<u></u>		
() Profit	() Amendment	() Merger	
() Nonprofit () Foreign	() Dissolution/Withdrawal	() Mark	
	() Reinstatement		
() Limited Partnership	() Annual Report	() Other	
()LLC	() Name Registration	Constitution of the same	
	() Fictitious Name	() UCC	
() Certified Copy	() Photocopies	() CUS	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In () Mail Out	() Will Wait	(x) Pick Up	
Name	12/15/2004	Order#: 6244755	
Availability	12/12/UT	Oldon. 0277133	
Document	AAM		
Examiner	CP FIAT	Ref#:	
Updater		Αυμπ.	
opulater			
Verifier			
W.P. Verifier		Amount: \$	
. Mar a Actiffer		Amount: 3	

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. The name of the limited liability company is: LENH IV, LLC

agem, or born, in the brate of	rioriuu.				
The name of the limited liability company is: LENH IV, LLC					
2. The mailing address of the	e limited liability co	mpany is: 700 NW 107 Avenue			
Miami, FL 33172					
02/04/2003		L03000004183			
Date of filing/registration in Florida 4. Document nu		nber			
5. The name of the registered Florida Department of Stat		dered office address as shown	on the records of the		
_ <u>Be</u>	njamin P. Butterfield, E	isa			
		Name	•		
<u>_70</u> -	0 NW 107th Avenue, St	uite 400			
		Address	童 五十二		
Mi	iami, FL 33172				
	City,	State and Zip			
6. The name and address of the	he new registered ag	gent and/or office:			
<u>c</u> :	Corporation System		70 Q Q		
	7	Name	95 5		
<u>120</u>	00 South Pine Island Roa	ad	50.,		
F	lorida street address	(P.O. Box NOT acceptable)	·		
Pla	antation	FL 33324			
	City, St	tate and Zip			
confirmed that after the chang	ge or changes are ma	ander the laws of the State of Hade, the Florida street address	of the registered office		

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)

L. Christian Marlin, Vice President
(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 dulles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 600, 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. CT Corporation System

(Signature of Registere d Agent)

Special Assistant Special

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00