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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Marubeni/Doppelmayr (Name of	Cable Car LLC f Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
Donald P. Moore			
(Name of Person)			
Holland & Knight LLP (Firm/Company)	2006 DIVIS		
701 Brickell Avenue, Suite 3000	2006 FEB 17 AN 10: 1		
(Address)	RPOS		
Miami, FL 33131 (City/State and Zip Code)	ATIONS 19		
(00), 0000			
For further information concerning this ma	tter, please call:		
Donald P. Moore	at (305) 789 7638		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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 liab	bility company is: M	arubeni/Doppelmayr Cable Car, I	LC			
		eany is: 1395 Brickell Avenue,				
Miami, FL 33131						
11/19/2004		L04000084466				
3. Date of filing/registration in	n Florida	Document number	•			
5. The name of the registered a Florida Department of State:		ed office address as shown on th	ne records of th	he		
Stri	ickroot, John C					
Name						
1395 Brickell Avenue, 14th Floor Address Miami, FL 33131 City, State and Zip				Ξω		
Address						
Miami, FL 33131			22 -	之所 日本		
City, State and Zip		te and Zip	17	~~~ ○~~~		
6. The name and address of the	e new registered agen	t and/or office:	₹			
Donald P. Moore, Holland & Knight LLP		lland & Knight LLP	AH 10: 19	RATE		
Name			9	ž.		
	Brickell Avenue, S					
Flo	orida street address (P	O. Box NOT acceptable)				
<u>Mia</u>	mi F	L 33131				
City, State and Zip						
If the limited liability company	v is not organized und	ler the laws of the State of Flori	da, it is hereby	V		

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)

(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, of 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.

(Signature of Registered Agent)