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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN JUN - 2 2006

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 compar	ny is: MC Labor Management, LLC	·
2. The mailing address of the limited liabil	1709 BANKS Road lity company is : 2333 N. State Road 7, Suite K	
Margate, FL 33063		,
11/29/04	L0400085796	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the Florida Department of State:	e registered office address as shown on the records of	the
•	chwartz, Esq.	
Boca Raton, F	City State and Zin	SECRETARY DIVISION OF C
6. The name and address of the new registe	ered agent and/or office:	ORPORATIONS
6751 North Fe Florida street ad Boca Raton	hwartz, Esquire Name deral Highway, Suite 400 ddress (P.O. Box NOT acceptable) FL 33487 City, State and Zip	Tions:
confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed th	nized under the laws of the State of Florida, it is herel are made, the Florida street address of the registered ent will be identical. Or, in the case of a Florida limitat the change(s) was/were authorized by an affirmati appany or as otherwise provided in the articles of organability company.	office ted ve vote
Lawrence J. Minei, MGRM		
(Printed or typed name of signee)		•
comply with the provisions of all statutes re and I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is b address, I hereby confirm that the limited l	ered agent and agree to act in this capacity. I further elative to the proper and complete performance of my gations of my position as registered agent as provided being filed to merely reflect a change in the registered iability company has been notified in writing of this control of the control control of	agree to v duties, l for in l office change.
Signature of Registered Agent)	16SHUMARTZ	

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

INHS18 (8/05)