

# LO6000122618

Florida Department of State  
Division of Corporations  
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From:  
 Account Name : GREENBERG, TRAURIG, HOFFMAN, ET AL.  
 Account Number : 076077001461  
 Phone : (305)789-5357  
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## REGISTERED AGENT CHANGE

3900 BISCAYNE, LLC

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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. The name of the limited liability company is: 3900 Biscayne, LLC
- 2. The mailing address of the limited liability company is: 2915 Biscayne Boulevard, Suite 200, Miami, Florida 33137

3. Date of filing/registration in Florida: 12/27/08  
 4. Document number: L06000122818

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Kaufman, Cheryl J  
 Name  
2601 S. Bayshore Drive, Suite 250  
 Address  
Coconut Grove, FL 33193  
 City, State and Zip

6. The name and address of the new registered agent and/or office:

Nancy Karp  
 Name  
2915 Biscayne Blvd., Suite 200  
 Florida street address (P.O. Box NOT acceptable)  
Miami FL 33137  
 City, State and Zip

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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)

Nancy Karp, Authorized Representative  
(Printed or typed name of signer)

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 relating to this position and to maintain the presence of my office and files in the State of Florida and to accept responsibility for the proper filing of all reports and fees to the Department of State.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6317, Tallahassee, FL 32314  
 FILING FEE: \$25.00

DHS16 (8/05)

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