M01000002872

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FILEO STATE STATE CORPORATIONS



July 23, 2003

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee FL 32399

Re: BIT INVESTMENT TWENTY-FIVE, LLC M01000002872

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Office & Registered Agent on behalf of the above-referenced entity. Also enclosed is our check for \$25.00 in payment of the necessary filing fee.

Kindly file the enclosed as soon as possible and return evidence of filing to the undersigned at your earliest convenience.

Please do not hesitate to contact our office with questions or comments. Thank you.

Very truly yours,

HIQ CORPORATE SERVICES, INC.

a. Rumann

Jenifer A. Rumann

Enclosures JAR/lw

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	oility company is: BIT	Investment Twenty	-Five, LLC	
2. The mailing address of the limited liability company is: 2 Hopkins Plaza, Suite 804,				
	,, <u>, , , , , , , , , , , , , , , , , ,</u>	Baltimore, M	aryland 21201	
12/26/2001		M0100000287	· · · · · · · · · · · · · · · · · · ·	
3. Date of filing/registration in Florida		4. Document n	4. Document number	
5. The name of the registered as Florida Department of State:	gent and the registered	office address as show	n on the records of the	
	CT Corporat:			
	Nan	ne		
	1200 South Pine			
Address				
Plantation, FL 33				
City, State and Zip				
Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: HIQ Corporate Services Name				
	HIQ Corporate	e Services		
Name				
Name 526 East Park Avenue Florida street address (P.O. Box NOT acceptable)				
Flor	rida street address (P.O	D. Box NOT acceptable	$\mathbf{\dot{\omega}} = \mathbf{\dot{\omega}} = \mathbf{\dot{\omega}}$	
	Tallahassee FL			
	City, State a	nd Zip		
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)				
Deborah R. Chambliss			ga code to	
(Printed or typed name of signee)				
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptanter 608, F.S. Or, if this do address I hereby confirm that the second of the second o	nt as registered agent a ll statutes relative to the ept the obligations of m cument is being filed to the limited liability com HIO CORDEATE SER		capacity. I further agree to performance of my duties, d agent as provided for in ge in the registered office in writing of this change.	

FILING FEE: \$25.00

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

(Signature of Registered Agent)