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PICK-UP	☐ WAIT ☐	MAIL
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(Bu	ısiness Entity Name)	
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Certified Copies	Certificates of Sta	ntus
Special Instructions to	Filing Officer	
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Office Use Only



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DIVISION OF CORPURATION

G. MCLEOD AUG 2 0 2008 EXAMINER



Toll Free (877) 894-9049 Voice (518)694-4414 Fax (518)694-4417

July 24, 2008

Corporation Records Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, Florida 32301

RE: CIENA CAPITAL FUNDING LLC

To Whom It May Concern:

Enclosed please find a Change of Agent documents for the above entity please file it on a Routine basis and return a stamped copy as evidence of the filing to the address listed above via regular mail.

-A check in the amount of \$25.00 is attached for the filing fee.

If you have any questions, please feel free to contact me at 1-877-894-9049 ext 17

Thank you.

Sincerely,

Dolores Burton Project Associate

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 limit	ed liability company	is: CIENA	CAPITAL FU	NDING LI	LC	
2. The mailing address of	of the limited liability	company is:	1633 Broadwa	ay, 39th Flo	oor	
New York, NY 100	19			.		
7/2/2003	M03000002162					
3. Date of filing/registra	4. Document number					
5. The name of the regist Florida Department of	State:	gistered office		n on the reco	ords of th	ne
	Corporati	Name	Company			
	12	01 Hays Str	eet			٥
	7T 11 1	Address	2201	_	80	
		hassee, FL 3			ال	<u>0</u> 3
6. The name and address		• .	•		08 JUL 28	Sizi-
o. The name and address		Ū				
	United Con	rporate Serv	ices, Inc.	_	PM L	1933r
	9200 South D	Name Dadeland Bly	vdSte. 508		f: 01	<u> </u>
	Florida street addr	ess (P.O. Box	NOT acceptable)		CHT X
	Miami	FL	33156			
	City	, State and Zij)			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lite or the operating agreement.	change or changes are f the registered agent ereby confirmed that	e made, the Flow will be idention the change(s)	orida street addre cal. Or, in the ca was/were authori	ss of the regi: se of a Florid zed by an aff	stered of la limite firmative	ffice d e vote
(Signature and member or author	rized representative of a mer	mber)				
Louis Hafkin, Manag						
I hereby accept the appo comply with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered ns of all statutes relat id accept the obligati this document is bein n that the limited liab	d agent and ag tive to the prof ons of my posi- og filed to mer dity company	ree to act in this per and complete ition as registere ely reflect a chan has been notified	capacity. I for performance a gent as prigger in the region writing of	urther a e of my b ovided f istered of f this ch	gree to luties, or in office ange.
(Signature of Registered Agent)	say pear	المسطل				
(S.g.mano of Registered Agent)	Michael'A. Barr,	President				

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