104000001783

(Requestor's Name)						
(Ad	dress)		_			
(Ad	dress)		=			
(Cit	y/State/Zip/Phon	e #)	-			
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	me)	<u></u>			
(Do	cument Number)		-			
Certified Copies	_ Certificates	s of Status	-			
Special Instructions to	Filing Officer:	****	7			

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ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT :

\$ 25.00

ORDER DATE: September 24, 2004

ORDER TIME : 1:23 PM

ORDER NO. : 900444-065

CUSTOMER NO: 5168766

CUSTOMER: Ms. Lisa Schwartz.

Greystone & Co., Inc.

60th Floor

152 West 57th Street New York, NY 10019

CHANGE OF AGENT

NAME:

1200 NORTH STONE STREET,

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

• 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	l liability company i	s:_1200 North Sto	one Street, L.L.	C
2. The mailing address of	the limited liability	company is: <u>c/o (</u>	Greystone & Co	., Inc.
152 West 57th Stree	t, 60th Floor, New Y	York, NY 10019		
5/11/2004		<u>.</u>	104000001783	
3. Date of filing/registration	on in Florida	4	. Document nur	nber
5. The name of the registe Florida Department of S	red agent and the restate:	gistered office add	iress as shown o	on the seconds of the
-	CT Co	orporation System		Ser 1
	1200 Se	Name outh Pine Island R	oad	· 新三円
-		Address		707 00
-		tation, FL 33324 y, State and Zip		8: 04 F-STATE F-LORIDI
6. The name and address of	of the new registered	l agent and/or offic	ce:	<u> </u>
_	Corpora	ation Service Com	ipany	
		Name		
-		201 Hays Street	T	
	Florida street addre	•		
-	Tallahassee Cit	FL y, State and Zip	32301	-
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of Signature of a member of	ange or changes are the registered agent eby confirmed that I liability company of the limited liability	e made, the Florida will be identical. the change(s) was, or as otherwise pro y company.	a street address Or, in the case of were authorize ovided in the ar	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of ticles of organization or
•	-	manve of a momo.	or <i>y</i>	
David Witt, Authorized Po (Printed or typed name of			-	-
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	atment as registered is of all statutes relaid accept the obligation of accept the obligation of that the limited liab	tive to the proper (ions of my position g filed to merely r	and complete pe 1 as registered c eflect a change	erformance of my duties, igent as provided for in in the registered office
(Signature of Registered A				

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

INHS18(10/99)

FILING FEE: \$25.00