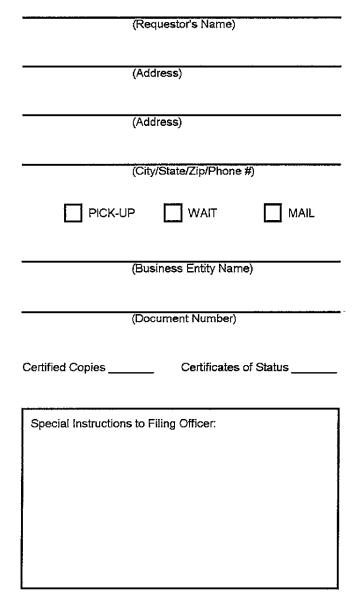
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|) Call When Read) Walk In) Mail Out |]A (| | if Probl | Lom | { } | After Pick U | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY FILED

| Pursuant to the provision liability company submits agent, or both, in the State 1. The name of the limited | l liability company is | EVEREST ST | FORAGE II, LLC | FALLAHA: | SSEE, FLORIDA |
|--|--|---|--|--|--|
| 2. The mailing address of the 155 N. LAKE AVENUE, SUITE | • | | | | |
| 9/24/99 | | | M99000001510 | ···· · <u>··········</u> | |
| 3. Date of filing/registration | on in Florida | - | 4. Doc | cument numb | er |
| 5. The name of the register Florida Department of S | ed agent and the registate: JCC FILING & SEARCH | | | own on the re | ecords of the |
| | SOOT SERVOR OF CHILD | Name | | . | |
| ! | 526 EAST PARK AVEN | | | | |
| | TALLAHASSEE, FL 323 | Address 301 | | | |
| _ | | State and Zip |) | | |
| 6. The name and address o | f the new registered a | agent and/or o | office: | | |
| 1 | EXISNEXIS DOCUME | NT SOLUTION | IS INC. | | |
| 3 | 953 W.W. KELLEY ROA | Name AD | | <u>.</u> . | |
| _ | Florida street address | (P.O. BoxNe | OT acceptable |) | |
| Т | ALLAHASSEE | 323pt | | | - |
| _ | Cit | ty, State and | Zip | | |
| If the limited liability composition of the business office of the liability company, it is here the members of the limited the operating agreement of EVEREST STORAGE MACKING CSignature of a member or authorize | inge or changes are more registered agent whe registered agent when the confirmed that the liability company or the limited liability confirmed li | nade, the Flor vill be identical change(s) we as otherwise company. anager | rida street add al. Or, in the as/were autho | ress of the re case of a Flo rized by an a | egistered office orida limited offirmative vote o |
| | | | | | |
| David I. Lesser, Executive Vic (Printed or typed name of signee) | e President of Manager | · | 1 | | |
| I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to the confirmation to the con | tment as registered a of all statutes relative accept the obligation is document is being hat the limited liability. | igent and agree to the prope to the prope to get to mere ty company h | ee to act in the er and comple tion as registe ly reflect a chas been notifical. | is capacity. te performan red agent as ange in the 1 ed in writing | I further agree is the control of my duties provided for ingesties of this change. |

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

INHS18(10/99) FILING FEE: \$25.00