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

> Harpo Foundation, Inc. Re:

> > Document No.: N06000005326

Our File No.: 5409-02

Dear Sir/Madams:

Enclosed herewith for filing is an executed Statement of Change of Registered Office or Registered Agent or Both for Corporations, together with a check payable to Florida Department of State in the amount of \$35.00, representing the filing fee.

Kindly acknowledge receipt of said statement and check by stamping the enclosed copy of this letter and returning same to us in the self-addressed envelope provided.

If you have any questions, please contact us.

Thank you.

Very truly yours,

KURZMAN KARELSEN & FRANK, LLP

Isaac A. Saufer

Florida Bar No.: 623903

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Enclosures

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Harpo Foundation	, Inc.	
2. The principal	office address: 3851 Kumquat Ave	enue, Miami, Florida 33133-5609	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: May 16, 20	06 Document number: N06000005326	
	d street address of the current regis rtment of State:	stered agent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, Florida 33324	SSE A	
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office	
	E	dward Levine	
	3851 Kumquat Avenue		
	(P.O. Box NOT acceptable)		
	Miami, 1	Florida 33133-5609	
		e street address of the business office of its registered agent,	
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has t	adopted by its board of directors or by an officer so been notified in writing of the change.	
-/rom	- h. Sanfor	Isaac A. Saufer, Secretary	
	ure of an officer or director)	(Printed or typed name and title)	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered as to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chang s been notified in writing of this o	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.	
Ву:		0/20/07	
C. Co	gil lare at Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
(Typed or Printed Name)	_	
	* * * FILI	NG FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)