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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 1311 NW 7 th S+ LLC (Name of corporation)
DOCUMENT NUMBER: 6030000 25561
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of contact person)
1311 NW St St CCC (Firm/Company)
1800 W. Broward Blvd. (Address)
Ft. LAUDENDAIE, FL (City/state and zip code)
For further information concerning this matter, please call:
Gy Stympack at (954) 524-9779 xt-17 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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.

- H
1. The name of the limited liability company is: 1311 NW 7 th St, UC.
2. The mailing address of the limited liability company is: 1800 w Brow Ard Blvd
Ft. LANDERD ALE, PC 33312.
7/14/03 103000025561
7/14/03 2 0000 2556) 3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Buy Strenpach Name
1527 NE Y AVE
IS27 NE Y AVE Address Ft. LAUDEVOLDE, FL 3330 FG City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
GUY STREMPACK
1800 W BROWARD BIVE
Florida street address (P.O. Box NOT acceptable)
Ft. Auderdale FL 33312 City, State and Zip
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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)
$P = X^{-1}$
(Printed or typed name of signée)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, f.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent) Division of Cornerations P.O. Boy 6327 Tallahassee FL 32314

FILING FEE: \$25.00