1020000 18451

GE MARKET ENTERPRISES LLC 2701 SOUTH BAYSHORE DR. SUITE 403 COCONUT GROVE, FL 33133							
(Add	iress)						
(City/State/Zip/Phone #)							
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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 limite	ed liability company is:	GE MAR	KET ENTERPRISE	SLLC		
2. The mailing address o					IITE	230
HIALEAH, FLORIDA 3						
07/22/2002			L02000018451			
3. Date of filing/registration in Florida			4. Document numb	er		
5. The name of the register Florida Department of	State:		address as shown on	the records o	of the	; .
	SARA LILIANA ARI					
	801 WEST 49TH S	Name TREET SU	JITE 230	\$		
	Address Pr. S			95		
	HIALEAH, FLORIDA 33012			LAC	SE SE	*******
	City,	State and Z	ip	¥	~ ``	()
6. The name and address	of the new registered ag	gent and/or	office:	TARY	-2	
	PAOLA SERNA	· · · · · · · · · · · · · · · · · · ·		m _C .	Ť	ED
	2701 SOUTH BAYS	Name SHORE DE	R. SUITE 403	STATE	6年中紀	
	Florida street address	(P.O. Box	NOT acceptable)	,I>		
	COCONUT GROVE	FL 3313	3			
	City, S	tate and Zip	•			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited of the limited that the operating agreement of the limited of the limite	hange or changes are manifest the registered agent will reby confirmed that the ed liability company or a post the limited liability company	ade, the Flo II be identic change(s) v as otherwise ompany.	mida atmost addusas af	`tha madiatawa	A ACC	ice vote of n or

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 auties, 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.

School (Signature of Registered Agent)

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

INHS18(10/99)

EDGAR GALVIS GOMEZ (Printed or typed name of signee)

FILING FEE: \$25.00