## L06000061440

Matt	Duff	y		
Madisan	Capit	al Group		
15E 3rm	Ave S	te 3120		
Miami	(State(7))n/Bhon	13131-1715 e#)		
PICK-UP				
(Business Entity Name)				
•	cument Number			
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			



100078428331

08/10/06--01021--010 \*\*25.00

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Office Use Only

## 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.

agent, or both, in the	since of Prorina.		
1. The name of the li	mited liability company is:	MCI Montauk, LLC	
2. The mailing addre	ss of the limited liability co	mpany is : 1 SE Third	Avenue, Suite 3120, Miami
Florida 33131	-		
6-15-06		_ L0600006	1440
3. Date of filing/regis	tration in Florida	4. Docume	<del></del>
5. The name of the rep Florida Department	gistered agent and the regis	tered office address as s	hown on the records of the
	K. Lawrence Grag	<b>99</b>	
	200 S. Biscayne Bl	Name vd., Suite 4900 Address	06 AUG 10 SECKE JASS TALLAHASS
	Miami, FL 33131		発品工
	City,	State and Zip	FILED RELIASSEE.
6. The name and addr	ess of the new registered ag	gent and/or office:	O AM 10: 34 SSEE, FLORIDA
	Timothy Martorella	1	FLO D
	1	Vame	
	1 SE Third Avenue,	<del></del>	
	Florida street address	(P.O. Box NOT accept	able)
	Miami	FL 33131	
	City, St	tate and Zip	
confirmed that after the and the business office liability company, it is of the members of the or the operating agree	of the registered agent will be the confirmed that the	ade, the Florida street ac il be identical. Or, in the change(s) was/were aut or as otherwise provided company.	dress of the registered office
Timothy Marto (Printed or typed name of sig	rella	<del></del> .	
<u> </u>	ppointment as registered ag sions of all statutes relative and accept the obligations it this document is being fi it with the limited liability	rent and agree to act in it to the proper and comp to the proper and comp to fmy position as regist lied to merely reflect a c v company has been noti	this capacity. I further agree to lete performance of my duties, tered agent as provided for in hange in the registered office ified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00