## M05000001765

•		
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	<del>)</del> #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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B. KOHR

APR 3 0 2008

EXAMINED

08 APR 29 AM 8: 33 SECRETARY OF STATE ALLAHASSEF FLORIDA



ACCOUNT NO. : 072100000032					
REFERENCE: 549554 4336482 AUTHORIZATION					
AUTHORIZATION Spelble man					
COST LIMIT : \$ 25.00					
ORDER DATE : April 29, 2008					
ORDER TIME : 12:37 PM					
ORDER NO. : 549554-005					
CUSTOMER NO: 4336482					
<u>CHANGE OF AGENT</u> .					
NAME: 3400 CONGRESS LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY					
CONTACT PERSON: Debbie Skipper					
FYAMINER'S INTUIALS.					

## 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 side	-			
1. The name of the limited				·
2. The mailing address of	the limited liability con	npany is : _	o Philips Internation	onal
295 Madison Avenue,				·
04/05/2005			M05000001765	
3. Date of filing/registrati	on in Florida		4. Document number	
5. The name of the registe Florida Department of S	State:			
	EISENST.		VID L	0
		Name EST 49TH	ST	TO BO
		Address		
HIALEAH FL 33012				
	City, S	State and Zij	)	Silver B
6. The name and address of	of the new registered ago	ent and/or o	ffice:	OB NOR 29 AN OF SIN
	Corporation S	Service Co	mpany	OF.
	1201 H	lame Tays Stree	t	
•	Florida street address			
	Tallahassee	FL	32301	
	Tallahassee City, St	ate and Zip		<del></del>
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	ange or changes are ma the registered agent will eby confirmed that the ited liability company of	ide, the Flor I be identice change(s) w or as otherw	ida street address of th	e registered office
(Signature of a member or authori	zed representative of a member	)		
Philip Pilevsky (Printed or typed name of signee)		·		
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Qr. if the address, I hereby confirm	ntment as registered ag s of all statutes relative l accept the obligations his accument is being fi igat the limited liability	ent and agro to the prope of my posit led to merel company h	ee to act in this capacit or and complete perfor on as registered agent y reflect a change in th as been notified in writ	ty. I further agree to mance of my auties, as provided for in ie registered office ting of this change.
(Signature of Registered Agent)	eticox)	<del>_</del>		
Donna Peterson, <b>Divisio</b>	Asst V.P. of Corporations, P.O FILING	). Box 6327 G FEE: \$25.	, Tallahassee, FL 323 00	14

INHS18 (8/05)