855623

(Re	equestor's Name)	<u></u>
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PICK-UP		MAIL
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R.A. Charge G. Constitution AUG 3 1 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO	. : 07210000032	
REFERENC	E : 854655 4302312	
AUTHORIZATIO	N: Patricia Piginto	
COST LIMI	T : \$ 35.00	
ORDER DATE : August 19, 2004	4	
ORDER TIME : 9:39 AM		
ORDER NO. : 854655-140		
CUSTOMER NO: 4302312		4 • •
CUSTOMER: Ms. Lucia Barcklow Stroock & Stroock Suite 3520 180 Maiden Lane New York, NY 1003	& Lavan Llp	
<u>CHANGE OF</u>	AGENT	<u> </u>

. . _ ...

NAME: LOEB PARTNERS CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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

1. The name of the corporation: LOEB PARTNERS CORPORATION

2. The principal office address: 61 Broadway, 24th Floor, New York, NY 10006

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/24/1983 Document number: 855623

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office S

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

director)

Louis Giaccardo, Attorney in Fact (Printed or typed name and file)

(Date)

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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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

August 23, 2004

dorporation service dompany By gnature of Registered eent)

If signing on behalf of an entity:

Jennifer A. Geldof, Asst. VP

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314