

F-970000000/28

JUL. 2. 2008 5:15PM 561 655 1109 NO. 4895 P. 1  
Division of Corporations Page 1 of 1

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: *Ivy Rosenthal*  
Account Name : BROAD AND CASSEL-WPB  
Account Number : I19990000010  
Phone : (561) 832-3300  
Fax Number : (561) 655-1109

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REGISTERED AGENT CHANGE

FBA II, INC.

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NO. 4895 P. 2

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: FBA II, Inc.
2. The principal office address: 801 Biscayne Blvd., c/o Raquel Libman, Miami, FL 33132
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: January 8, 1987 Document number: F97000000128

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

Peninsula Registered Agent, Inc.  
200 S. Biscayne Boulevard, 43rd Floor  
Miami, FL 33132

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

B & C Corporate Services, Inc.  
One Biscayne Tower-21st Floor, 2 So. Biscayne Blvd.  
(P.O. Box NOT acceptable)  
Miami, FL 33131

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.

  
(Signature of an officer or director)

Raquel Libman, Vice President & Secretary  
(Printed or typed name and title)

*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 relating 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.*

  
(Signature of Registered Agent)

7/2/08  
(Date)

If signing on behalf of an entity:

MIRIAM A. DE OLIVEIRA  
(Type 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  
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