

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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REGISTERED AGENT CHANGE

BOYKIN MIAMI I, INC.

Certificate of Status	0
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Page Count	02
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7/7/04

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 corporat		
	tered office or registered agent, or both, in the State	'
of Florida.		
1. The name of the corporation: Boykin Mismi I, Inc.		-
2. The principal office address: Guildhall Building, 4	5 W. Prospect Avenue, Suite 1500, Cleveland, Oluo 44115	_
3. The mailing address (if different):		
4. Date of incorporation/qualification: July 16, 1998	Document number: F98000004058	
5. The name and street address of the current registress Florida Department of State:	ered agent and registered office on file with the	
Corporation Se	ervice Company	
1201 Ha	ays Street	
Tallahassee, Flo	orida 32301-2525	
6. The name and street address of the new registe changed):	ered agent (if changed) and /or registered office (if	•
	ation System	7
z/o C T Corro	oration System	AH CRE
	aifbax NOT acceptable)	AS
1200 South Pine Island Ros	sd, Plantstion, Florida 33324	SE Y
The street address of its registered office and the stagent, as changed will be identical.	treet address of the business office of its registered	CRETARY OF STATE
Such change was authorized by resolution duly add authorized by the board, or the corporation has bee	opted by its board of directors or by an officer so an notified in writing of the change. Rita Palmer, Secretary	JIN.
(Signature of an officer, charman or vice charman of the board)	(Printed or typed name and title)	
I hereby accept the appointment as registered ager I further agree to comply with the provisions of all performance of my duties, and I am familiar with a registered agent. Or, if this document is being file office address, I hereby confirm that the corporation	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as I merely to reflect a change in the registered on has been notified in writing of this change.	
CT Corporation System		
By:	July 7, 2004	
(Signature of Adjustered Agent)	(Deta)	
If signing on behalf of an entity; Gil S. Apelis	Assistant Socretary	
(Typed or Printed Name)	(Capacity)	

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

Make checke payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314