<u>L0000003165</u>

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2006

BABBA J MEHRPOUYAN 3510 PINE TREE DR MIAMI BEACH, FL 33140

SUBJECT: NOAH'S ARK ON MIAMI RIVER, L.L.C.

Ref. Number: L0000003165

We have received your document for NOAH'S ARK ON MIAMI RIVER, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Letter Number: 606A00057110

Gina McLeod Document Specialist

COVER LETTER

Division of Corporations
SUBJECT: Noah's Attouthe Manie Pivet L (Name of Corporation)
DOCUMENT NUMBER: 4 000 000 0 3165
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Baloba J Meh Hoovyan (Name of Contact Person)
Ruge 16 (Firm/Company)
V V C C
3500 Pine Tree drive
Mari Beach 7 33140 (City/State and Zip Code)
For further information concerning this matter, please call:
Paloba Mehroougavat (305) 6723269 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
••• · · ·

Street Address: Amendment Section

Tallahassee, FL 32301

Clifton Building

Division of Corporations

2661 Executive Center Orrele

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

^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.
1. The name of the limited liability company is: NOAHS ARK ON MIAM) 2. The mailing address of the limited liability company is: 310 PINE TREE
Dank Miami BEACH, EVA, 3/21/00 LOO-3165
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Cyrus Mehiclouden Name Name City, State and Zip 6. The name and address of the new registered agent and/or office:
BABBAT. MEHROTYAN Name Name
Florida street address (P.O. Box NOT acceptable) FL Florida street address (P.O. Box NOT acceptable) FL
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating affectment of the limited liability company.
(Signature of a member or authorized representative of a member)
MARTA Docovi (Printed or typed name of signee)
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 temiliar with and accept the obligations of my position as registered agent as provided for in Chapter 60d, F.S. If this document is being filed to merely reflect a change in the registered office address, I hereby donling that the limited liability company has been notified in writing of this change.

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