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(Ac	idress)	
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SECRETARY OF STATE

(D) Al

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

•	·
Pursuant to the provisions of sections 608. liability company submits the following stat agent, or both, in the State of Florida.	416 or 608.508, Florida Statutes, the undersigned limited ement in order to change its registered office or registered
1. The name of the limited liability company	is: Marj Holdings II, LLC
2. The mailing address of the limited liability	y company is: <u>3857 West 16th Avenue</u> .
	Hialeah, Florida 33012
06/13/2000	L0000006832
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the reflorida Department of State:	egistered office address as shown on the records of the
Maurice Cay	yon .
	Name
	5th Avenue
	Address
Hiałeah, Flo	orida 33012
·	ity, State and Zip
6. The name and address of the new registere	d agent and/or office:
Maurice Ca	yon TALE 2005
	Name Significant services and services and services are services are services and services are servic
	oth Avenue
Florida street add	ress (P.O. Box NOT acceptable)
•	
<u> Hialeah</u>	y, State and Zip
Cit	y, State and Zip
and the business office of the registered agen liability company, it is hereby confirmed that	ted under the laws of the State of Florida, it is herebyte made, the Florida street address of the registered office t will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote any or as otherwise provided in the articles of organization of ility company.
(Signature of a member or authorized epresentative of a m	ember)
(Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registere comply with the provisions of all statutes reland I am familiar with and accept the obligation chapter 608, F.S. Or if this document is be	d agent and agree to act in this capacity. I further agree to itive to the proper and complete performance of my duties, ions of my position as registered agent as provided for in ng filed to merely reflect a change in the registered office bility company has been notified in writing of this change.

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

(Signature of Registered Agent)