Leonard J. Adler, Esq. Greenberg Traurig, P.A. 2255 Glades Road, Suite 419A Boca Raton, FL 33431 (561) 912-3200

Florida Department of State

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Fax Number : (850) 922-4000

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number: 075201001473
Phone: (561)650-7900
Fax Number: (561)655-6222

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REGISTERED AGENT CHANGE

THE LADY MERLE, LLC

Certificate of Status	O
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

1663

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

	Pursuant to the provisi liability company submi	ons of sections 608.416 or 608.308 ts the following statement in order tte of Florida.	to change its registered o	naersigneu timitea office or registered
		ted liability company is:THE _I_AI	DY MERLE, LLC	
	2. The mailing address	of the limited liability company is: _	389 S. Lake Drive	a #4B
		Palm Beach, FI, 33480		TACE 8
				SEP
	August 11, 2000	Along the Title and de-	1.00000009663 4. Document number	
	3. Date of filing/registra	mon in Florida	4. Document number	21 ARY OF THE SECRET OF THE SE
	5. The name of the regis Florida Department o	tered agent and the registered office fatate:	address as shown on the r	ecords of the
	* *****	Harry J. DeMott, Jr.		85 -
		Name		Öπi ω
		389 S. Lake Drive #4B Address		
		Palm Beach, FL 33480		
The	existing registers 6. The name and address	City, State and Zied agent has moved out of the new registered agent and/or of Leonard J. Adler, Esq.	omce: and it is ne a new re	longer qualifies cessary to name gistered agent.
		c/o Greenberg New Gurig		—. ,
		2255 Glades Road, Sui	te 419	
		Florida street address (P.O. Box	NOT acceptable)	
		Boca Raton FL 3	3431	
		City, State and Zip		
	confirmed that after the and the business office liability company, it is he members of the limithe operating agreement	empany is not organized under the lar change or changes are made, the Flo of the registered agent will be identiced ereby confirmed that the change(s) wited liability company or as otherwise of the limited liability company.	かんり さいそらい タハハアきそく ハナ じりき じ	eoisterea attice
	Leonard J. Adle	r, Esq., attorney for m	ember	
	(Printed or typed name of signs	12)		
		ointment as registered agent and agons of all statutes relative to the projund accept the obligations of my posifities document is being filed to mere mand the ymited liability company	ree to act in this capacity. per and complete performation as registered agent a ely reflect a change in the has been notified in writin	I further agree to ance of my duties, s provided for in registered office ag of this change.
	(Signature of Registered Agery	Leonard J. Adler		
	Divis	/ ion of Corporations, P.O. Box 632	7, Tallahassee, FL 3231	4
	INHS18(10/99)	FILING FEE: \$2	25.00	· ·