## CT CORPORATION SYSTEM

Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

Latitude 0, LLC		W 110	<u> </u>
Latitude 0, LLC			<del></del>
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() Nonprofit	( ) The state of t	() Manda	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	ARY ARY
() Limited Partnership	() Annual Report	() Other	
() LLC	() Name Registration	Change of RA	
· ·	() Fictitious Name	() UCC	<u> </u>
() Certified Copy	() Photocopies	() CUS	.'3*
() Call When Ready	() Call If Problem	() After 4:30	<u></u>
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			<del></del>
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660 East Jefferson Street			
Tallahassee, FL 32301 Tel. 850, 222, 1092	<del></del>		<b>6.</b> Ω

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## 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.

	v					
1. The name of the limite	ed liability compa	any is: Latitude 0, LL	С	<u> </u>		
2. The mailing address of	f the limited liabi	ility company is: c	o REDICO 20500 Ci	vic Center Drive,		
•		· · · · —				
Suite 3000, Southfield, Michi	gan 46037			*		
August 18, 2000			L00000009961			
3. Date of filing/registrat	ion in Florida		4. Document num	ber		
5. The name of the registe Florida Department of	ered agent and the State:	e registered office a	ddress as shown o	n the records of the		
-	Valdes-Fauli Corp	porate Services, Inc.				
		Name		·		
	777 South Flagler	Drive, Suite 500 East		본위 으		
		Address		<b>58</b> ≤		
West Palm Beach, FL 33401			<b>5 *</b>			
		City, State and Zip		SSS -2		
6. The name and address	of the new registe	ered agent and/or of	fice:	JAN -2 PM 2:07 TRETARY OF STATE AHASSEE, FLORIDA		
	C T Corporation Sy	ystem		2: 0: STATE		
		Name				
	1200 South Pine Isl	land Road		, D		
	Florida street a	address (P.O. Box N	OT acceptable)			
	Plantation	FL 33324				
	(	City, State and Zip		-		
(Signature of a member or author	hange or changes the registered agreby confirmed the diability compared the limited liab	s are made, the Flori gent will be identical hat the change(s) wa any or as otherwise polity company.	da street address o	f the registered office		
Ira J. Jaffe, Authorized Repres (Printed or typed name of signee)				-		
I hereby accept the appointments of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the confirm C T Corporation System	intment as registe as of all statutes r d accept the obli- this document is t that the limited	relative to the prope gations of my positi	r and complete per on as registered a preflect a change as been notified in	rformance of my duties, gent as provided for in		
(Signature of Registere d Agent)				22214		
Divisio	on of Corporatio	ons, P.O. Box 6327,	Tallahassee, FL	32314		

**FILING FEE: \$25.00** 

FL015- 9/27/99 C T System Online

INHS18(10/99)