

L00000010406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

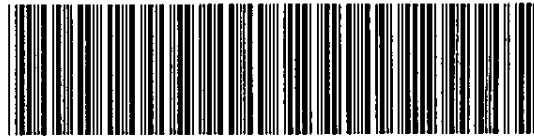
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/16/12--01002--010 \*\*55.00

RECEIVED  
DEPARTMENT OF STATE  
12 FEB 15 PM 3:43  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB 15 AM 9:27

FEB 16 2012  
T. HAMPTON

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      Kim Weidenbach

**DATE:**            02/15/12

**REF. #:**           000438.161719

**CORP. NAME:**   AFO LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION         | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                     | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION             | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                     | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION       |   |  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT |   |  |

**STATE FEES PREPAID WITH CHECK#** 543354 **FOR \$** 55.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

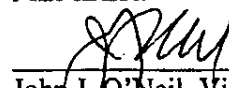
**STATEMENT OF CHANGE OF  
REGISTERED AGENT AND REGISTERED OFFICE**

*Pursuant to the provisions of section 608.415, Florida Statutes ("F.S."), the undersigned submits the following statement in order to change the Registered Agent and Registered Office in the State of Florida of AFO, L.L.C., a Florida limited liability company.*

1. The name of the limited liability company: AFO, L.L.C.
2. Principal office address and mailing address of limited liability company:  
AFO, L.L.C., Two Alhambra Plaza, Suite 1040, Coral Gables, FL 33134
3. (a) Date of filing of Articles of Organization in Florida: August 29, 2000.  
(b) Date of filing of Amended and Restated Articles of Organization in Florida: November 8, 2001.
4. Document number: L00000010406
5. Registered Agent and Registered Office shown on the records of the Florida Department of State:  
Richard B. Skor, 10361 S.W. 125 Street, Miami, FL 33176
6. The name of the new Registered Agent and the address of the new Registered Office are:  
Richard L. Kohan, Two Alhambra Plaza, Suite 1040, Coral Gables, FL 33134

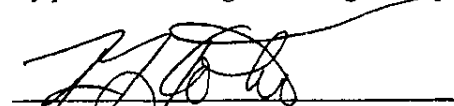
*It is hereby confirmed that the changes set forth above were authorized by an affirmative vote of the sole member of AFO, L.L.C.*

MEMBER:

  
John J. O'Neil, Vice President,  
JMD Delaware, Inc., Trustee, the Nickel Cayman 2005 Trust

Dated: February 15<sup>th</sup>, 2012

*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 familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 608, F.S.*

  
Richard L. Kohan

Dated: February 15<sup>th</sup>, 2012