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SECRETARY OF STATE

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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.

1. The name of the limite	d liability company is:	Liberty I	Garage, LLC	
2. The mailing address of	the limited liability cor	npany is :	c/o A.I. Boymelgree	n, 700 Pacific
Street, Brooklyn, NY 1		. ,		
9/29/2000		* * * *	L00000011923	
3. Date of filing/registrati	on in Florida	٠.	4. Document number	r
5. The name of the register Florida Department of	State:			he records of the
	Registered Agents of		LLC	
	100 Southeast Seco	Name and Stree	t, Suite 2900	
	Miami, Florida 3313	Address	<del></del> -	
		State and 2	Zip	- ES S
6. The name and address	of the new registered ag	ent and/or	office:	
	Andrew B. Hellinger	, Esq.		SSFE -8
	200 So. Biscayne Bl	lame Ivd., Suite	3000	05 JUN -8 PM 1:46 SECRETARY OF STATE ALLAPASSEE FLORIDA
	Florida street address	(P.O. Box	NOT acceptable)	- E
	Miami	FL	33131	<b>.</b>
	City, St	ate and Zi	p	
If the limited liability comconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite (Signature of a member or author)	nange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co	ide, the Flo I be identi change(s) s otherwis impany.	orida street address of cal. Or, in the case of	the registered office a Florida limited
Andrew B. Hellinger, A	uthorized Representa	ative		
(Printed or typed name of signee)	<del> </del>	-, , , , , ,		
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered ag is of all statules relative d accept the obligations his document is being f that the limited hability	rent and as to the pro- s of my pos- iled to men y company	gree to act in this capa, per and complete perfeition as registered age ely reflect a change in has been notified in w	city. I further agree to ormance of my duties, ont as provided for in the registered office riting of this change.
(Signature of Registered Agent)	W W			
Divisio	on of Corporations, P.C	). Box 632	27. Tallahassee, FL 3	2314

**FILING FEE: \$25.00** 

INHS18(10/99)