## Florida Department of State

Division of Corporations Public Access System Katherine Harris, 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 608.4 liability company submits the following state agent, or both, in the State of Florida.	il6 or 608.508, Florida Statutes, ment in order to change its regist	the undersigned limited en d office or registered	
1. The name of the limited liability company			
2. The mailing address of the limited liability	company is : 1012 N Street, NW		
Washington, DC 20001			
11/03/2000	L00000013529		
3. Date of filing/registration in Florida	4. Document numb	per	-
5. The name of the registered agent and the reg Florida Department of State:	zistered office address as shown on	th: records of the	
Gary J. Cohen, Esq.			
· · · · · · · · · · · · · · · · · · ·	Name	TA.S	
1500 Miami Center	201 South Biscayne Blvd.	FO T	
	Address	SEP CRET LAHA	
Miami, FL 33131		P 2	
	y, State and Zip	28 YARY YSSE	
<ol><li>The name and address of the new registered</li></ol>	agent and/or office:	PR OF S	
NRAI Services, Inc.		1017 11.S	
526 E. Park Avenue	Name	<u> </u>	
	ess (P.O. Box NOT acceptable)	Su a	
1 JOLIUM SHEEL MANIE	.ss (r.o. box nor acceptable)		
Taliahassee	FL 32301		
City,	State and Zip		
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent that ability company, it is hereby confirmed that the members of the limited liability company of the operating agreement of the limited liability	made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized by as otherwise provided in the article company.	the registered office a Florida limited	
Signature of a member or authorized representative of a mem	ber)		
Jaime Bordenave			
(Printed or typed harne of signee)			•
I hereby accept the appointment as registered comply with the provisions of all statutes relational 1 am familiar with and accept the obligation Chapter 608. F.S. Or, if this document is being address, I hereby confirm that the limited liable NRAI Services. Inc.		city. I further agree to orn ance of my duties. int its provided for in the registered office with rg of this change.	
(Signature of Registered Agent)	<del>V</del>		
Division of Corporations, I	P.O. Box 6327, Tailahasser, FL 3	2314	

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