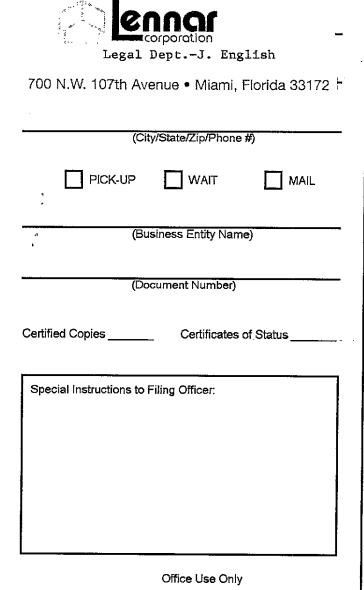
## L01000009053





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06/09/03--01096--003 \*\*25.00

FILED
2003 JUN-9 AM 8: 26
2013 JUN-9 AM 8: 26
ALLAHASSEE, FLORIDA

## 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.

agent, or both, in the St	ate of Fioriaa.	
1. The name of the lim	ited liability company is	Rottlund Advantage, LLC
2. The mailing address	of the limited liability o	ompany is:
700 NW 107 Avenu	ue, Suite 300, Miami F	EL 33172
June 6, 2001		L0100009053
3. Date of filing/registration in Florida		4. Document number
5. The name of the regis Florida Department of	stered agent and the regi of State: David B. McCair	
	700 NW 107 Av	Name enue
	Miami, Florida 3	Name enue  Address 33172  , State and Zip agent and/or office:  rfield  Name
6. The name and addres		igent and/or office:
	Benjamin P. Butte	rfield Tage of
700 NW 107 Avenue		Name nue
Florida street address (P.O. Box NOT acceptable)		
	Miami	FL 33172
	City,	State and Zip
confirmed that after the and the business office liability company, it is l	change or changes are a of the registered agent value hereby confirmed that the	under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or company.
(Signatura of a member or alut UNIVERSAL AMERICAN Nancy A. Kaminsky,	MORTGAGE COMPANY,	Der) LLC, Manager
(Printed or typed name of sign	ee)	
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confit	pointment as registered ons of all statutes relati and accept the obligatio f this document is being an that the limited liabil	ngent and agree to act in this capacity. I further agree to ve to the proper and complete performance of my duties, ns of my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company has been notified in writing of this change.

(Signature Megistered Agent)

Division of Córporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)