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AHASSEE, FLORIDA

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | Date: | November | 20, 2 | 2003 |
|--|-------------|--------------|----------|--|
| SUBJECT: RONEY PALACE RENTALS, L.L.C. | | | | |
| (Name of corporation) | | | | |
| DOCUMENT NUMBER: L01000017768 | | <u> </u> | · · · | |
| The enclosed Statement of Change of Registered Office/Agent | and fee ar | e submitted | for fili | ng. |
| Please return all correspondence concerning this matter to the f | ollowing: | | | |
| ELISABETH D. KOZLOW, ESQUIRE | | | | |
| (Name of person) | • | | | |
| SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEI | L, P.A. | | • | A STATE OF THE STA |
| (Name of firm/company) | | • | | 野って |
| 201 Alhambra Circle, Suite 1102 | | - | | TILEU 21 PH 4: 21 |
| (Address) | | | | T 9 F |
| Coral Gables, Florida 33134 | | - | | 987 22 2007 22 |
| (City/state and zip code) | | | | 75 |
| For further information concerning this matter, please call: | | | | |
| at () | 442-3334 | + | - | |
| (Name of person) (Area code & | daytime tel | lephone numb | er) | |
| Enclosed is a \$35.00 check made payable to the Department of | State. | | | |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 | | · | | |

CR2E045(07/02)

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:RONEY PALACE RENTALS, E.L.C. |
|---|--|
| 2. The mailing address of | the limited liability company is: 2301 Collins Avenue, Miami Beach, |
| Florida 33139 | |
| 10-16-2001 | , i01000017768 |
| 3. Date of filing/registrati | on in Florida 4. Document number |
| 5. The name of the registe Florida Department of S | red agent and the registered office address as shown on the records of the State: GREENSPOON, MARDER, HIRSCHFELD, ET AL. |
| | Name 100 West Cypress Creek Road, Suite 700 |
| | Fort Lauderdale, Artiffila 33309 |
| | City, State and Zip |
| 6. The name and address of | of the new registered agent and/or office: |
| | SKRLD, INC. |
| | 100 West Cypress Creek Road, Suite 700 Fort Lauderdale, Ffoffsia 33309 City, State and Zip of the new registered agent and/or office: SKRLD, INC. 201 Alhambra Circle, Suite 1102 Florida street address (P.O. Box NOT acceptable) |
| ` | Florida street address (P.O. Box NOT acceptable) |
| | Coral Gables FL 33134 |
| | City, State and Zip |
| confirmed that after the ch and the business office of liability company, it is her | pany is not organized under the laws of the State of Florida, it is hereby lange or changes are made, the Florida street address of the registered office the registered agent will be identical. Or, in the case of a Florida limited eby confirmed that the change(s) was/were authorized by an affirmative vote of I liability company or as otherwise provided in the articles of organization or the limited liability company. |
| (Signature of a member of suthering | The second state of a month of |
| ELIASZ KOTTER, MANA | |
| (Printed or typed name of signee) | |
| | ntinent as registered agent and agree to act in this capacity. I further agree to so of all statutes relative to the proper and complete performance of my duties, if accept the obligations of my position as registered agent as provided for in his document is being filed to merely reflect a change in the registered office that the limited liability company has been notified in writing of this change. |
| | E PRESIDENT n of Corporations, P.O. Box 6327, Tallahussee, FL 32314 |

FILING FEE: \$25.00