DIVISION OF COLDOLARIOUS

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and buttom of all pages of the document.

(((H13000009081 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone : (850)385-6735 Fax Number : (954)641-4192

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE GLOBEX PROPERTIES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

JAN 1 4 2013

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

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. Name of the limited liability company:GL | OBEX PROPERTIES, LLC |
|--|--|
| 2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | any: 3901 NW 77 th Avenue Miami, FL 33166 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 6070 N. Federal Highway Boca Raton, FL 33487 |
| 12/13/2001 3. Date of filing/registration in Florida | L01000021826 4. Document number |
| 5. (a) Registered Agent and Registered Office shown of | |
| Registered Agent: | Louis R. Montello |
| Ragistered Office Address: | 2750 NB 185th Street, Suite 306 Aventura, FL 33180 |
| (b) Enter name NEW Registered Agent and/or NEV | V Registered Office address: |
| NEW Rogistered Agont; | Steven Scrie |
| NEW Registered Office Address: (MUST RE FLORIDA STREET ADDRESS) | 6070 N. Federal Highway Boca Raton, FL 33487 |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be is liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. | Florida street address of the registered office dentical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization |
| Signature of a member or authorized representative of a member | _ |
| STBVEN SERLE Printed or typed name of signes | ~-, |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608. F.S. Or if this document is being filed mer address. I hereby confirm that the limited liability compa | roper and complete performance of my duties, position as registered agent as provided for in ely to reflect a change in the registered office |

Division of Corporations, P.O. Box 6327, Tallahassea, FL 32314 FILING FEE: \$25.00

H1300009081