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(F	Address)		
(0	City/State/Z	ip/Phone	#)
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SECRETARY OF STATE
TALL AHASSEF 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.

1. The name of the limited liability company is: Uellow Aret, LLC	-
2. The mailing address of the limited liability company is: P.O. Box 346	
adelphia, NJ 07	710
12/28/01 1_01000022739	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of Florida Department of State:	the
Rivera Julia	
501 Menendez Ave.	
Coval Gables FL 33146 Zo &	
6. The name and address of the new registered agent and/or office:	<u> </u>
Sandra M. Opeaui See 2	
Name	Centro
- 201 S. Biscaune Blvd. 1500 Magma Florida street address (P.O. Box NOT acceptable)	<u>)</u> 2
Miami, FL 33139 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is here confirmed that after the change or changes are made, the Florida street address of the registered and the business office of the registered agent will be identical. Or, in the case of a Florida limitiability company, it is hereby confirmed that the change(s) was/were authorized by an affirmation the members of the limited liability company or as otherwise provided in the articles of organization of the limited liability company.	office ted ve vote of
fulia Muera	
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of m and I am familiar with and accept the obligations of my position as registered agent as provide Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registere address, I hereby confirm that the limited liability company has been notified in writing of this	agree to y duties, d for in d office chänge.
(Signature of Registered Agent)	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INH\$18(10/99)