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| OBUNETART UF STATE JALLAHASSEE, FLORIDA |
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| (I | Requestor's Name) | |
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| (, | Address) | |
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| (1 | City/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (1 | Business Entity Name) | |
| . (1 | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions t | to Filing Officer: | |
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Office Use Only

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 lia | ability company is: _ | MSR Cent | ral, L | LC | | |
| 2. The mailing address of the | | | 0000 | | Bayshore | Drive, |
| Suite 300, Miami, | FL 33133 | | | | | _ |
| | | - | | | | <u> </u> |
| 01/07/02 | | | L020 | 0000004 | 67 | |
| 3. Date of filing/registration | in Florida | | 4. Doçı | ıment nu | ımber | |
| 5. The name of the registered Florida Department of Stat | | red office a | address a | is shown | on the rec | ords of the |
| | Brian Bomst | tein, Esc | l • | | | |
| | | Name | : | | · - | |
| | 2665 South Baysho | | Ste. | 300 | - . | |
| | | ddress | 22 | 100 | | y 22 |
| | Miami, FL | tate and Zi | | 133 | - · · F | 字 另 |
| .c | • | | | | ¥ | |
| 6. The name and address of the | ie new registered age | nt and/or o | ince: | | ć | ETER C-2 P |
| | Brian Bomste | in, Esq. | | | | 丹泉 呈口 |
| | Na | ame | | | <u> </u> | 1:09 1:09 |
| | 4425 Ponce De | | | | | 器 3 |
| F. | lorida street address (| P.O. Box I | NOT acc | ceptable) | | D' |
| | Coral Gables, | FL | 33134 | 4 | | |
| | City, Sta | te and Zip | | | - . | ** |
| If the limited liability compar confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of the | ge or changes are mad registered agent will confirmed that the c ability company or as | de, the Flor be identica hange(s) was otherwise | ida stree | et addres | s of the rec | ristered office |
| (Signature of a member or authorized | representative of a member) | | · | | | 7 |
| David Quint, Preside | ent. | | | | | |
| (Printed or typed name of signee) | | | : | | | |
| I hereby accept the appointment comply with the provisions of and I am familiar with and acchapter 808 H.S. Or if this address, I hereby confirm that (Signature of Resistered Agent) Br | nent as registered age fall statutes relative to cept the obligation to document is being fill if the limited liability ian Bomstein, Esq | | ee to qci er and c ijon as ri iy reflec ias been | t in this complete egistered ta chang notified | capacity. l performan l agent as j ge in the re in writing | further agree t ce of my duties orovided for in gistered office of this change. |

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

INHS18(10/99)

FILING FEE: \$25.00