FILED Aug 25, 2003 8:00 am Secretary of State 08-08-2003 90060 018 ****50.00

1. Entity Nam	MENT # LO2000 PROCHMARK II, LLC	13730			00 00 2002	, , , , , , , , , , , , , , , , , , , ,	20.00
Principal Plac	ce of Business	, Mailing Address			•		
1010 SEMINOU FORT LAUDERE	E DRIVE. #1501 DALE FL 33304	1010 SEMINOLE DRIVE. #150 FORT LAUDERDALE FL 3330					
	Place of Business	1 A 11-18-					
1 4 5 4 6 6 7	Bayview Drive	3. Mailing Address .	U Drive				
Suite, Apt. #, etc. Suite, Apt. #, etc. H2H City & State City & State					_/ <u>~</u>	MAKING CHANGE	
For T U	audirdale Fi	Fort lander	rdale 1	1 81-0	557458		Applied For Not Applicable
2021X	Country	3230V+	Country	5. Certilic	ate of Status Desired	□ \$5.00 A	
5770	6. Name and Address of Current	Registered Agent		7. Name s	ind Address of New Re		
LOC	AY, ALEX		Name	e oz t			
1010 SEMINOLE DRIVE, #1501				reet Address (P.O. Box Number is Not Acceptable)			
FUH	IT LAUDERDALE FL 33304						
			City			FL Zip Co	ode
8. The above	named entity submits this statement for tions of registered agent.	he purpose of changing its re	egistered office o	r registered agent, or	both, in the State of Flori		n, and accept
ľ	lions or registered agent.			. }	T/5/03		1
SIGNATURE .	Signature, typed or printed hame of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ure required when reinstating)		DATE	
		Make Check Payable	W!!! FEE IS \$ to Florida De September 24,	partment of State			
9. TITLE	MANAGING MEMBE		10.	President	ADDITIONS/C		ON LESS
NAME		☐ Delete	NAME	Karclico	cay	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	711 Ranch Weston Fi	, 333210		Addition
TITLÉ* NAME	,	Delete	TITLE Name	V. Presiden	† •	Change	CXPAddition
STREET ADDRESS				iolosmino	le Drive 150	ol La la la	·
CITY-ST-ZIP		Delete	CITY-ST-ZIP	ri canaera	dale, Fe 33	□ Change	Addition
NAME		L Delge	NAME	ح	· · · · · · · · · · · · · · · · · · ·	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP		•		
TITLE		. Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME Street adoress)
CITY-ST-ZIP			CITY-ST-ZIP				}
TITLE	·	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME STREET ADDRESS			name Street address				}
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE	•		☐ Change	Addition
STREET ADDRESS	-	·	STREET ADDRESS			•	ļ
CITY-ST-ZIP	ertify that the information supplied with	this filling does not emplify to-	CITY-ST-ZIP	ed in Seetler 110 07/0	Wit Blorid Dan	adh an agusti at 120	
ingicated	on this report is true and accurate and a bility company or the receiver or trustee	nat my signaturė shali have the	a same legal effec	at as if made under ca	th' that I am a mananing	riner certify that the I member or manage	information ar of the
	1	/·			11-		1
SIGNAT	URE: SIGNATURE AND TOPED OR PRINTED HAME OF	STATE REQUIR		De nomé florave	8/2/03		
	SUSTRICTIONS AND I WED ON FROM I ED POSES OF		INC ON AUTHORIZED	NEPREDENIALIYÉ	rist (b)	Daytime Phone #	1