## L02000016096

(Requestor's Name)  (Address)  (Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(210), rock (21), rock (2)
(Document Number)
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Certified Copies Certificates of Status
Consideration to Filips Officer
Special Instructions to Filing Officer:
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## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 26, 2002

HADL MANAGEMENT CAPITAL, LLC 10100 WEST SAMPLE ROAD, SUITE 205 CORAL SPRINGS, FL 33065

SUBJECT: INTERCOASTAL II, L.L.C.

Ref. Number: L02000016096

We have received your document for INTERCOASTAL II, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 102A00063515

SECRETARY OF STATE DIVISION OF CORPORATIONS

## 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: Intercoastal II, L.L.C.
2. The mailing address of the limited liability company is: <u>clo Aftab Comber</u> ,
10100 West Sample Road, Svite 205, Coral Springs, FL 33065
June 26, 2002  3. Date of filing/registration in Florida  LO2000016096  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Robert M. Kremer  Name  4000 Hollywood Blvd. Suite 485 South  Address  Hollywood FL 33021  City, State and Zip  6. The name and address of the new registered agent and/or office:
Aftab Cumber  Name  10100 West Sample Road, Suite 205  Florida street address (P.O. Box NOT acceptable)
Core Springs, FL 33065 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

AFtab Cymber
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608/F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)