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## 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	d liability company	y is: <u>Colonn</u>	<u>ade Corporate</u>	Center, LLC
2. The mailing address of	the limited liabilit	y company is:	2665 South I	Bayshore Drive,
Suite 300, Miam				
07/10/02	- ·	•	 L02000017	259
3. Date of filing/registrati	on in Florida	_	4. Document nu	mber
5. The name of the registe Florida Department of S		egistered office	address as shown	on the records of the
Tiorida Deparament of s		Bomstein, Es	q.	
4	•	Name		
	2665 South E	Bayshore Driv	e, Ste. 300	
		Address		
		FL	<u></u> 33133 in	
	(	City, State and Z	ip	
6. The name and address of	of the new registere	ed agent and/or	office:	FILED
	Brian B	omstein, Esq.	u.	· · · · · · · · · · · · · · · · · · ·
	4425 Ponc	Name e De Leon Bly	d., 4th Floor	A COUNTY OF THE
	Florida street add	dress (P.O. Box	NOT acceptable)	
	Coral Gable	s, FL	_33134	
y - •• • • • · · · · · · · · · · · · · ·	Ci	ty, State and Zip	<del></del>	· · · · · · · · · · · · · · · · · · ·
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member of authority)	tange or changes at the registered ager eby confirmed that d liability company f the limited liabili	re made, the Flo nt will be identic t the change(s) v or as otherwise ty company.	rida street address al. Or, in the case	s of the registered office e of a Florida limited ad by an affirmative vota of
David Quint, Presi	dent		. <del>-</del>	
(Printed or typed name of signee)			_	
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 808, F/S. Or, if the address, I hereby confirm	ntment as registers s of all statutes rel t accept the obliga his document is be that the limited lia	ed agent and agi ative to the prop tions of my posi ing filed to mere bility company	ree to act in this c er and complete p tion as registered ely reflect a chang has been notified	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.

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

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent) Brian Bomstein, Esq.