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10/10/2006





October 11, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CUERVO Y SOBRINOS, HABANA LLC 46 STATE STREET, 3RD FLOOR ALBANY, NY 12207

SUBJECT: CUERVO Y SOBRINOS, HABANA LLC

REF: L02000020867

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Leslie Sellers Document Specialist FAX Aud. #: H06000248417 Letter Number: 506A00060500

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P.O BOX 6327 - Tallahassee, Florida 32314

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisic liability company submit agent, or both, in the Stat	ns of sections 608.410 is the following statema ie of Florida.	6 or 608.508, Florida Statutes, the undersigned limited ent in order to change its registered office or registered
1. The name of the limit	ed liability company is:	CUERVO Y SOBRINOS, HABANA LLC
2. The mailing address o	f the limited liability co	ompany is:
4	6 State Street, 3	RD FLOOR ALBANY NY 12207
08/15/2002		<u>1.020</u> 00020867
3. Date of filling/registrat	ion in Florida	4. Document number
S. The name of the registe Florida Department of	State:	stered office address as shown on the records of the
•	UCC Filing & Searc	h Services, Inc.
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6. The name and address	** **	7*
^ .	Capitol Corporate Se	rvices, Inc.
	155 Office Plaza Driv	Name
	Florida street address	(P.O. Box NOT acceptable)
	Tatlahassee	FL 32301 tate and Zip
	City, St	tate and Zip
confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement the operating agreement (Signstore of a member or authority	iange or changes are me the registered agent will eby confirmed that the lited liability company of t of the limited liability	ander the laws of the State of Florida, it is hereby side, the Florida street address of the registered office il be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization reompany. For and on behalf of Mollyland incDirector
MISS KARE	N YATES	
(Printed or typed name of signes)		
I hereby accept the appoil comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	niment as registered ag (of all statules relative l docept the obligations its document is being fi that the limited liability	ent and agree to act in this capapity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ted to mently reflect a change in the relistered office company has been notified in writing of this change.
(Signature of Registered Agent)	Detanie Case, Assi.	Sec.

Division of Corporations, P.O. Box 6327, Tellahassee, FL 32314 FILING FEE: \$25.00

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