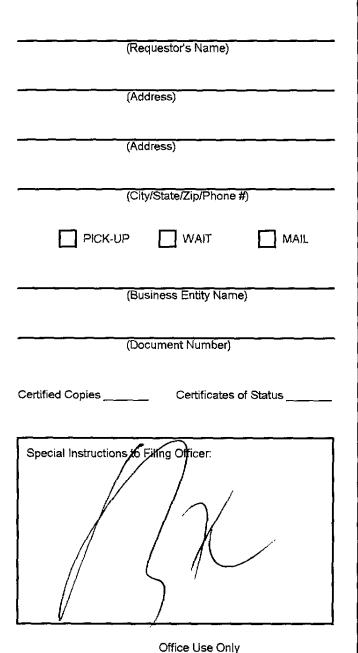
## L62000023736





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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.

agein, or com, no me braid of 1 to raa.		
1. The name of the limited liability company	is: LN, L.L.C.	
2. The mailing address of the limited liability	Company is: 700 NW 107 Avenue	
Miami, FL 33172		
09/12/2002	L02000023756	
3. Date of filing/registration in Florida	4. Document num	ber
5. The name of the registered agent and the re Florida Department of State:	gistered office address as shown or	the records of the
Benjamin P. Butterfiel		
	Name	
700 NW 107th Avenue		<b>=</b> -
	Address	04 I
Miami, FL 33172	ty, State and Zip	O4 DEC 1
6. The name and address of the new registered		
C T Corporation System	m	M 9: 40
<u>- 1 - 0 0 p 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</u>	Name	25 €
1200 South Pine Island Road		
Florida street addr	ress (P.O. Box NOT acceptable)	
Plantation	FL 33324	
City	y, State and Zip	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability company the operating agreement of the limited liability company of the liabil	e made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized or as otherwise provided in the article y company.	f the registered office f a Florida limited by an affirmative vote of
L. Christian Marlin, Vice Preside (Printed or typed name of signee)	lant	
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liable CT Corporation System  (Signature of Registere d Agent)	d agent and agree to act in this cap	rformance of my duties, gent as provided for in in the registered office writing of this change.

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