L0200024329

MARK J. BOULRIS, P.A. 8200 N.W. 33RD STREET SUITE 105 MIAMI, FLORIDA 33122 (305) 527-8206 (Telephone) (305) 675-3335 (Fax) mboulris@mjbpa.com (E-Mail)					
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O7 SEP | AM | OF STATE | TALLAHASSEE, FLORIDA

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.

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1. The name of the limite	d liability comp	any is: Key Escape	Two, LLC, a Florida	a limited liability company	
2. The mailing address o	f the limited liab	ility company is: 82	00 N.W. 33rd St	reet, Suite 105,	
Miami, Florida 33122					
September 18, 2002		1	02000034330		
3. Date of filing/registration in Florida			L02000024329 4. Document number		
5. The name of the register Florida Department of	ered agent and th				
rionaa Department or	Key Escape	e. LLC			
		Name			
	8200 N.W. 3	3rd Street, Suite	105		
	Miomi Eloric	Address		TASE OF	
	Miami, Florid	City, State and Zip		SEI SEI	_
6. The name and address	of the new regist	•	īce:	HASS	FIL ED
	James W. K	ern		He z	Ö
	8200 N.W. 3	Name 3rd Street, Suite 1	05	SEP 11 AH 11: 04 CONE LANY OF STATE LLANASSEE, FLORID	
	Florida street	address (P.O. Box NO	OT acceptable)		
	Miami,	FL 3312	2		
	,	City, State and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement	hange or change the registered a reby confirmed nited liability co tof the limited	s are made, the Floric gent will be identical that the change(s) wa mpany or as otherwis liability company.	of the State of Fl da street address o Or, in the case o s/were authorized he provided in the	orida, it is hereby f the registered office f a Florida limited by an affirmative vote articles of organization	
(Signature of a member or author	ized representative of	a member)			
James W. Kern					
(Printed or typed name of signee)	•				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as regists of all statutes d accept the oblinities document is that the limited	tered agent and agree relative to the proper igations of my positio being filed to merely liability company ha	e to act in this cap and complete per on as registered as reflect a change i s been notified in	acity. I further agree to formance of my duties, sent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)					
Divisio	on of Corporation	ons, P.O. Box 6327,	Tallahassee, FL	32314	

INHS18 (8/05)

FILING FEE: \$25.00