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2008 APR: 17 AM 10: 42
SECRETARY OF STATE
ASSESSE: FLORIDA

T. CLINE
APR 23 2008
EXAMINER

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: Boston Partners, LLC	
2. The mailing address of the limite	ed liability company is : 1110 Brickell Avenue,	Suite 800
Miami, Florida 33131		
1/16/03	L03000001944	
Date of filing/registration in Florida 4. Document number		per
5. The name of the registered agent Florida Department of State:	and the registered office address as shown or	the records of the
•	ll R. Pasternack, P.A.	
	Name	
200 Sou	th Biscayne Boulevard, Suite 2500	
	Address	
<u>Miami, F</u>	lorida 33131	75. 28
	City, State and Zip	LEC 8
6. The name and address of the new	registered agent and/or office:	APR APR
ENRI	OUF DILLON Name	FILE U 2008 APR IT AM 10: 42 SECRETARY OF STATE TALLAHASSEE. FLORIO.
1110 3	BRICHELL DUENUE #800	
	street address (P.O. Box NOT acceptable)	O: L
MIDA	MI FL 33131	0 , 2
	City, State and Zip	
confirmed that after the change or cand the business office of the register liability compand it is hereby confi	ot organized under the laws of the State of Flohanges are made, the Florida street address of ered agent will be identical. Or, in the case of the change of the company or as otherwise provided in the mited liability company.	f the registered office f a Florida limited by an affirmative vote
(Signature of a ingention of authorized represent	tarive of a member)	
ENRIQUE DILLON (Printed or typed name of signee)		•
	registered agent and agree to act in this cap tules relative to the proper and complete per he obligations of my position as registered as tent is being filed to merely reflect a change i mited liability company has been notified in	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.

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