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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 liability company is: _BLI-03, LLC

2. The mailing address of the limited liability company is : 2058 NW 141st Avenue

Pembroke Pines, Florida 33028

April 4, 2003

L03000012253

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

	Cerie IV. Ciussei, Laq.		
	Name 2021 Tyler Street	- LAHAN	
	Address Hollywood, Florida 33020	SSEEU	
	City, State and Zip	TEU B	
6. The name and address	of the new registered agent and/or office:	OR I	
	Gene K. Glasser, Esq.		
	100 West Cypress Creek Road, Suite 700	-	
21) 87	Florida street address (P.O. Box NOT acceptable)		
· ·	Ft. Lauderdale FL 33309	_	
	City, State and Zip	-	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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nature of a member or authorized representative of a member)	
2- 4.11	
mes Hilk _ / ///	
nicd or typed name of signed)	
mes Hilk 227 Aul	

I hereby decept i	the appointment as registere provisions of all statutes rela r with and accept the obligat . Or, if this document is bel rephirm that the limited lial	d agent and agree to a	act in this capacity.	I further agree to
comply with the p	provisions of all statutes rela	tive to the proper and	complete performan	nce of my duties,
and I am familia	r with and accept the obligat	tions of my position a	s registereă ağenț as	providéd for in
Chapter gua Fis	. Or withis document is bei	ng jued to merely refl	ect a change in the r	egistered office
address (1 Actor	σφημητά φων με πιπιτεά παι	onny company nas be	en notijtea in writing	i of this change.

(Signature of Registered Agent)

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

IN(HS18(10/99)

FILING FEE: \$25.00