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(Business Entity Name)	06/06/1701024024 **25.		
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Piùrsuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	600 Mamaroneck Ave  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)	Mailing add	Mamaroneck Ave  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Harrison	NY 10528	<del></del> .	Harrison	NY 10528	
	05/22/2003			L03000018427		
3.	Date of filing/regi	stration in Florida	4.	Documer	nt number	
5. (a)	Elias, Robert Esq					
). (a)	Registered Agent and Registered	l Office shown on the records o	f the Florida	Dept. of State:		
	15500 New Barn Road					
		MUST BE FLORIDA STREET	ADDRESS)			
	Suite 104				<b>E</b> e	
					50 <b>7</b>	
	Miami Lakes	, F	L 33326	<del></del>	JUN -	
					55	
(b) _	Corporation Service Com Enter name of NEW Registered		d Office add	ress:	<b>■</b> 170	
	The falle of 1020 registered	Titelle and or ivery transmere				
	1201 Hays Street					
	NEW Registered Office Address	s:			9.4	
				<del></del>		
	Tallahassee	, F	<u>L 32301</u>			
the cha agent w was/we	inge or changes are made, the vill be identical. Or, in the	he Florida street address o case of a Florida limited l ative vote of the members	of the regist liability cor of the limi	ered office and the b npany, it is hereby c ted liability compan	hereby confirmed that after business office of the registered confirmed that the change(s) y or as otherwise provided in	
	/s/ Eric R. Wiener	<del> </del>	Eric I	R. Wiener, Authorize		
	ture of a member or authorized re	presentative of a member			typed name of signee	
•						
I herei provisi the obl	by accept the appointment of ons of all statutes relative to igations of my position as rely reflect a change in the din writing of this change.	as registered agent and act to the proper and complete egistered agent as providegistered office address, l	gree to act i e performa led for in Ci l hereby coi	in this capacity. I funce of my duties, and hapter 605, F.S. Ornfirm that the limited	irther agree to comply with the d I am familiar with and accept , if this document is being filed d liability company has been	

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