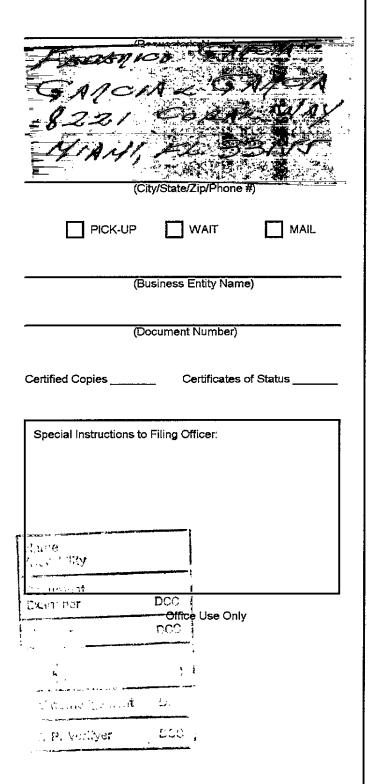
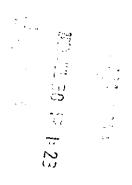
## L0300020215





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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 limite	d liability compa	any is: Conter	nder, LLC		
2. The mailing address of				У	
Miami, FL 33155					
06/05/2003			L03000020215		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registe Florida Department of S	State:	e registered offic of Michael R. S		on the reco	rds of the
	9100 South D	Name Dadeland Blvd.	Suite 1607	_	
	Miami, FL 33	Address 156-7817 City, State and	Zip	- 33.58	
6. The name and address of	of the new regist		- !		e E
	Federico Gard	cia	• 2 •		emple emple emple
	8221 Coral W	Name			, v.
•	Florida street a	address (P.O. Bo	x NOT acceptable)	1:2	in <sub>ext</sub> pp
	Miami	FL 33	155	23	
		City, State and Z	ip	-	
If the limited liability com confirmed that after the ch and the business office of liability company, it is here the members of the limited the operating direcment of	lange or changes the registered ag eby confirmed the I liability compa f the limited liab	are made, the Fent will be ident will be ident the change(s) ny or as otherwill ility company.	laws of the State of lorida street address ical. Or, in the case was/were authorize se provided in the a	Florida, it is of the regise of a Floridad by an affiriticles of or	s hereby stered office a limited irmative vote of ganization or
(Signature of a hember or authorize	zed representative of a	member)	_		
Jorge L Guerra Jr			_		
(Printed or typed name of signee)  I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registe s of all statutes r l accept the obli his document is l that the limited l	ered agent and a elative to the pr gations of my po being filed to me liability compan	gree to act in this co oper and complete p sition as registered rely reflect a chang y has been notified i	apacity. I fi performance agent as pr e in the regi in writing of	urther agree to e of my duties, ovided for in istered office this change.

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

INHS18(10/99)

FILING FEE: \$25.00