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TRANSMITTAL LETTER

SUBJECT: SCHECHTER FAMILY INVESTMENTS, LLC (Name of corporation) DOCUMENT NUMBER: # Lo 3 0 000 2 / 2 2 / The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RICHARD SCHECHTER (Name of per on) SCHECKTER FAMILY INVESTMENTS, LLC (Name of ffm/company) 21211 NE 38th Ave (Address) Aventura FL (Address) City/state and zip code) For further information concerning this matter, please call: Lilen Schechter (Name of person) at (305) 314-7433 (Area code & daytime telephone number)	TO: Amendment Section Division of Corporations	rmin = en	en e	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RICHARD SCHECHTER (Name of per on) SCHECHTER FAMILY TAVEST MENTS, LLC (Name of film/company) 21211 NE 38th Ave - (Address) Aventura FL- (City/state and zip code) For further information concerning this matter, please call:	SUBJECT: SCHECHTER FAM. (Na.	me of corporation)	VESTMENTS	LLC
Please return all correspondence concerning this matter to the following: RICHARD SCHECHTER (Name of per on) SCHECHTER FAMILY TAVEST MENTS, LLC (Name of film/company) 21211 NE 38th AVR - (Address) AVENTURA FL- (City/state and zip code) For further information concerning this matter, please call:	DOCUMENT NUMBER: # Lo 3.0	000 213	22/	
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SCHECHTER FAMILY TOVEST MENTS, LLC (Name of firm/company) 21211 NE 38th Ave - (Address) Aventura FL- (City/state and zip code) For further information concerning this matter, please call:			, -	TO STATE OF
SCHECHTER FAMILY TOVEST MENTS, LLC (Name of firm/company) 21211 NE 38th Ave - (Address) Aventura FL- (City/state and zip code) For further information concerning this matter, please call:	RICHAR	o Sch	ECHTER	- PSEE 4 10.
$\frac{21211 \text{ NE } 38^{th} \text{ Ave}}{\text{Address}}$ $\frac{A \text{Ventura} \text{ FL}}{\text{(City/state and zip code)}}$ For further information concerning this matter, please call:	(N	ame or perron)		(2) S
Aventura FL- 33180 (City/state and zip code) For further information concerning this matter, please call:	SCHECHTER FAM	4/L4 Ta	IVEST MENT.	S, LLC
Aventura FL- 33180 (City/state and zip code) For further information concerning this matter, please call:	21211 NE.	38th A	lve -	
For further information concerning this matter, please call:	1	` '		
	(Ciry/	state and zip code)		
Eileen Schechfet at (305) 374-7433 (Name of person) (Area code & daytime telephone number)	For further information concerning this matter, please	se call:		
	Eileen Schechfer (Name of person)	at (_	3'05 <u>3</u> 4 4 (Area code & daytime t	elephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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: SCHECHTER FAMILY TWESTMENTS, LL
2. The mailing address of the limited liability company is: 21211 NE 205.54.
Aventural, FL- 33180
Hventura, FL- 33180 1-29-04 L03000021221
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: B & C Corporate Services, Inc.
Name 201 South Biscayne Boulevard, Suite 3000
Address Miami, Florida 33131
City, State and Zip
6. The name and address of the new registered agent and/or office:
Name 2/2// NE 38th Ave . Florida street address (R.O. Pay NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
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.
(Signature of a member or authorized representative of a member)
Filely Schechfer (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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

INHS18(10/99)

FILING FEE: \$25.00