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EMERALD HILLS PLAZA ONE 4601 SHERIDAN STREET, SUITE 208 HOLLYWOOD, FLORIDA 33021

ATTORNEY-AT-LAW

HOLLYWOOD (954) 966-0011 NO. BROWARD (954) 522-4601 DADE (305) 625-1100 FAX (954) 966-3740

April 1, 2004

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL. 32314

RE: Sarah's Tent, LLC

To Whom It May Concern:

Enclosed herewith please find the following documents for filing:

- 1. Statement of Change of Registered Agent (plus one copy)
- 2. Articles of Amendment (plus one copy)
- 3. Filing Fees in the amount of \$50.00

Please file the above documents and send me back the stamped copies in the enclosed self-addressed stamped envelope. Thank you for your cooperation in this matter.

Very truly yours,

BARRY ALAN WILEN Enclosures as Noted

## 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:	SARAH'S TENT, LLC	
2. The mailing address of the limited liability co	OFTE NE COTTO Office	
	Aventura, FL. 33180	
07/03/2003	L03000024428	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent and the registerida Department of State:  Filings, Inc.	stered office address as shown on the records of the	
3732 NW 16th Stre	Name eet	
Ft. Lauderdale, FL	Name set  Address 33311 , State and Zip agent and/or office:	
6. The name and address of the new registered a	igent and/or office:	
Barry Alan Wilen, I	Esq.	
4601 Sheridan Stre	4601 Sheridan Street, Ste. 208	
Florida street addres	ss (P.O. Box NOT acceptable)	
Hollywood,	FL 33021	
City, S	State and Zip	
confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability of ALMM ALMM	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office rill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or company.	
(Signature of a member or authorized representative of a memb	per)	
Haim Altit HAIN ALTI		
(Printed or typed name of signee)  I hereby accept the appointment as registered a comply with the provisions of all statutes relative and Lam familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address. I hereby confirm that the limited liability (Signature of Registered Agent)	agent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.	
Nivision of Cornerations P	O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00