L030000 32626

(Requestor's Na	ame)
(Address)	
(Address)	
(City/State/Zip/F	Phone #)
PICK-UP WAIT	T MAIL
(Business Entity	Name)
. (Document Nun	nber)
Certified Copies Certified	cates of Status
Special Instructions to Filing Officer	:
 	0131
Office Ho	



600055574386

SECRETARY OF STATE

06/08/05--01052--011 **400.00

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 company is:	Tenor, Li	LC	<u> </u>		·
2. The mailing address of				en. 700 Pa	cific	
Street, Brooklyn, NY 1						
08/28/2003	en de la companya de		L03000032526			
3. Date of filing/registrati	on in Florida		4. Document number	er		
5. The name of the registe Florida Department of S	red agent and the registr	ered office	address as shown on	the records	of the	
-	Registered Agents of		LLC			
	100 Southeast Seco		, Suite 2900			0
		Address			13.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5	<i>∪</i> 1
	Miami, Florida 3313	tate and Z			7	JUN -8
6. The name and address of	• •		•		455	
	Andrew B. Hellinger				CF STA	P X
	200 So. Biscayne Bl		3000		SIA	1:46
•	Florida street address	(P.O. Box	NOT acceptable)			
	Miami	FL	33131			
City, State and Zip						
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member or authorized)	lange or changes are mathe registered agent will eby confirmed that the call liability company or as fithe limited liability confirmed that the confirmed liability liability confirmed li	de, the Flor be identic change(s) we otherwise mpany.	rida street address of t	the registere a Florida lin	ed office	te of
Andrew B. Hellinger, A	uthorized Representa	tive	enga in Santa Araban Santa Araba Araban Santa Araban			
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Ow it address, I hereby confirm	ntment as registered age s of all statules relative I accept the obligations his document is being fil hat the limited liability	ent and agr to the prop of my posit led to mere company l	ree to act in this capace er and complete perfo ion as registered age ify reflect a change in has been notified in w	city. I furth ormance of nt as provid the register riting of thi	er agree my dutie led for i ed offic s chäng	? to ?s, n re e.

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

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent)