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## M CIL OF MIAMI, LLC ///

September 14, 2004

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

### Gentlemen:

I am submitting herewith an amendment to the Articles of Incorporation of our Limited Liability Company. Please return one copy of the amendment for our records.

A money order in the amount of \$25.00 for the filing fee is enclosed.

I shall be eternally grateful for anything you can do to speed up our reques

Sincerely,

Kelly Greene

Registered Agent

Enc.

### 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.

agent, or both, in the State of Florida.				
1. The name of the limited	liability company is:C	IL OF MIAMI, ILC	·	
2. The mailing address of t	he limited liability compa	ny is: <u>6660 Biscay</u> n	e Blvd.,	
Miami, Florida	33138		·	
August 29, 2003/September 1, 2003		L030000327	L03000032728	
3. Date of filing/registration in Florida		4. Document nu	4. Document number	
5. The name of the registere Florida Department of St	ed agent and the registered ate: MICHAEL F. LANHAM, 19 WEST FLAGLER SI	P.A.	on the records of the	
~	Add		_	
~	MIAMI, FL 33130	and 7in	<del>-</del>	
6. The name and address of the new registered agent and/or office:				
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of the limited agreement of the limited the operating agreement of the limited agreement of the limi	Name 1660 Biscayne Blvd.  Florida street address (P. Company of the Proposition of the Pr	D. Box NOT acceptable)  2 33138  and Zip  The laws of the State of the Florida street address identical. Or, in the case identical was/were authorize the state of the state of the state of the florida street address identical or, in the case identical or in the cas	Florida, it is hereby soft the registered office of a Florida limited ed by an affirmative vote of	
Alvin' Wm. Roberts, Pr (Printed or typed name of signee)	resident	<del></del> _		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or. if the address, I hereby confirm the	tment as registered agent of all statutes relative to to to accept the obligations of its document is being filed the limited liability con	and agree to act in this che proper and complete my position as registered to merely reflect a chang apany has been notified	apacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.	

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

INHS18(10/99)

FILING FEE: \$25.00