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DE LA CRUZ & CUTLER LAW OFFICES TWO ALHAMBRA PLAZA • PENTHOUSE II-C CORAL GABLES, FLORIDA 33134 (City/State/Zip/Phone #)						
(Bus	siness Entity Nan	ne)				
(Doc	cument Number)					
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01/21/05--01031--004 **25.00

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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 limited liability co	ompany is: _	MARCH	ETTL	HOLD	NGS	<u> </u>	
2. The mailing address of the limited	liability con	npany is: 3	164 N	, MIA	MI AUE	,	
			IAMI	FL 3	13127	, <u></u>	
10/10/03			L030	000	3884	2	
3. Date of filing/registration in Florida			4. Document number				
5. The name of the registered agent a Florida department of State:	nd the regist	tered office ac	idress as	shown on	the records	s of the	
•	Luis F. De	la Cruz, Jr.					
	95 Merrick	Way, Suite	140				
		les, FL. 33134			본유 당		
		ŕ			THE SE	- 17	
6. The name and address of the new i	registered ag	gent and/or of	fice:		三三 元	عمینی ۔ صد یدہ د	
		la Cruz, Jr.			(S) -	- 1	
	Two Alhar	nbra Plaza Pe	enthouse 2	2-C	66人	2 111	
		les, FL. 33134					
					120	<u>ن</u>	
If the limited liability company is not Confirmed that after the change or chand the business office of the register Liability company, it is hereby confir of the members of the limited liability or the operating agreement of the limited liability or the limit	nanges are made agent will med that the year company of the diability	nade, the Flori Il be identical e change(s) wor as otherwis company.	da street. Or, in the as/were a	address on the case of outhorized	of the register a Florida lind I by an affirm	ered office mited mative vote	
BRUCE A MARCHE (Printed or typed name of signee)	गां	<u></u>		•• •	ss gi e	•	
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, E.S. Or if this document Address, Thereby confirm that the line (Signature of Registered Agent)	tutes relative e obligation: nt is being fi	to the proper s of my position led to merely ty company ho	r and com on as regi reflect a as been no	plete per istered ag change in	formance of gent as provi the registe writing of th	f my duties, pided for in cred office	
(Digination of Logistered Agent)							
Division of Corpo	orations, P.	O. Box 6327,	Tallahas	see, FL.	32314		

FILING FEE: \$25.00

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