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Email:

belden@blankrome.com

December 1, 2003

## BY OVERNIGHT DELIVERY

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: VLC Holdings, LLC

Re: VLC Holdings, LL

Dear Representative:

Pursuant to your correspondence of November 19, 2003 (copy enclosed), enclosed are the Articles of Amendment to Articles of Organization for the above-referenced entity, in addition to a Statement of Change of Registered Agent. Our firm's check in the amount of \$25.00 is also enclosed representing payment in full for the filing fee for the Statement of Change. Please use the overnight return envelope provided to return the previously requested Certificate of Status to me.

Please feel free to contact me if you have questions or need further information. Thank you in advance for your prompt attention to this matter.

Sincerely,

Elena Belden

Paralegal

Enclosure

cc: Bruce C. Rosetto, Esq. (w/o enclosures)

## 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 limit	ed liability company is:	VLC Hol	dings, LLC	··	
2. The mailing address o				3lvd., Suite 502	
Fort Lauderdale, FL 3	3304			<u>.                                 </u>	
October 21, 2003			L03000040229		
3. Date of filing/registration in Florida		• ,	4. Document number		
5. The name of the registre Florida Department of		tered office	address as shown o	n the records of the	
	1200 N. Federal Hig	Name ghway, Su	ite 417		
	Boca Raton, FL 33	Address 432 State and Z	(in	· ·	
6. The name and address	•		-	OS PLANT	
	Donna Levy			PEC	
	2455 E. Sunrise Blv	lame d, Suite 5	02	DEC-3	
	Florida street address	(P.O. Box	NOT acceptable)	THE SECOND	
	Fort Lauderdale City, St	FL 3330 tate and Zip		u 56 Valida	
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability concentration of the limited liability company.	hange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co	nde, the Flo I be identic change(s) v s otherwise impany.	orida street address o	f the registered office of a Florida limited	
Donna Levy					
(Printed or typed name of signee)		<del></del>			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby configm	intment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and ag to the prop of my post led to mere company	ree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in	acity. I further agree to formance of my duties, zent as provided for in in the registered office writing of this change.	
(Mynature of Registered Agent)	wy_		• .		

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

**FILING FEE: \$25.00** 

INHS18(10/99)