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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 22, 2004

MILANO MATTI 2650 SOUTH MILITARY TRAIL, SUITE 17 WEST PALM BEACH, FL 33415

SUBJECT: GLOMIL "LLC" Ref. Number: L03000054934

We have received your document for GLOMIL "LLC" and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 104A00046523

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 13, 2004

MILANO MATTI 2650 SOUTH MILITARY TRAIL, SUITE 17 WEST PALM BEACH, FL 33415

SUBJECT: GLOMIL "LLC" Ref. Number: L03000054934

We have received your document for GLOMIL "LLC" and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 304A00044537

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: GLOMILL "LLC" (Name of corporation	n)	
(, , , , , , , , , , , , , , , , , , ,	/	
DOCUMENT NUMBER: L03000054934		
The enclosed Statement of Change of Registered Office/Agent and for	fee are submitted for filing.	
Please return all correspondence concerning this matter to the follow	ving:	
MILANO MATTI		
(Name of person)	1	
LA VIDA LOCA SUBS		
(Name of firm/compan	ny)	
2650 SOUTH MILITARY TRAIL, SUITE 17		
(Address)		
WEST PALM BEACH, FLORIDA, 33415		
(City/state and zip code	le)	
For further information concerning this matter, please call:		
to turner information concerning this matter, prease can.	İ	
MILANO MATTUI	(561) 740-4831	
(Name of person)	(Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State	s.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	<u> </u>

CR2E045(09/03)

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: 6/0 Mi
2. The mailing address of the limited liability company is: 2650 Sout Military Trail
Svite f 17 West Palm Beach, Fl 33415
12-22-2003 20300054934
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
2650 South Military Trail Scite#17 Wast Palm Beach, F1 33415
City, State and Zip
6. The name and address of the new registered agent and/or office: Abob N GRILL SEE TO SEE
Plorida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) West lam Box Ph FL 3345
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member) Mila NO Matti
(Printed or typed name of signee) I knowly account the approintment as registered agent and agree to get in this capacity. I further agree to
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

INHS18(10/99)

grature of Registered Agent)