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11/07/06--01034--003 **25.00



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	ed liability company	y is: Treasure Co	past Commerce Center, LLC	<u>.</u> .
2. The mailing address o	f the limited liabilit	y company is: _		 .
14041 US Highway One, Ju	uno Beach, FL 33408	3		
1/29/04			L04000007932	_
3. Date of filing/registrat	ion in Florida	_	4. Document number	_ `
5. The name of the register Florida Department of		registered office	address as shown on the records of the	
•	Kristine True			
	· <u>· · · · · · · · · · · · · · · · · · </u>	Name		
	14041 US Highway	One One	2000年 100日 100日 100日 100日 100日 100日 100日	
		Address		بسد م
	North Palm, FL 334			Ì
		City, State and Zi	P TO E	
6. The name and address	of the new registere	ed agent and/or o	OF MON -7 AN INC. STATE	2
	NRAI Services, Inc.		ित अ	-
	2731 Executive Parl	Name k Drive, Suite 4		
	Florida street add	iress (P.O. Box i	NOT acceptable)	
	Weston	FL 33331		
	Cit	ty, State and Zip		
confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are the registered agen reby confirmed that d liability company of the limited liability.	re made, the Flor at will be identical to the change(s) we or as otherwise ty company.	ws of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited vas/were authorized by an affirmative vote o provided in the articles of organization or	f
(Signature of a member or authori	izea representative of a m	ember)		
Cathi J. Wall, Auth. Represe (Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter Sign. F.S. Or, if the address of the provision NRAI Services. Inc. (Signature of Registered Agent) Sean L. Emerick. Asst. Sec.	is of all statutes rela d accept the obliga- his document is bei that the limited lia	ed agent and agreative to the properties of my positing filed to mereing bility company h	ree to act in this capacity. I further agree to er and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office ias been notified in writing of this change.	
		, P.O. Box 6327	, Tallahassee, FL 32314	

FILING FEE: \$25.00

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 limited	d liability company is:	Treasure Coast Commerce Center, LLC
2. The mailing address of	the limited liability con	npany is :
14041 US Highway One, Jul	no Beach, FL 33408	
1/29/04		L0400007932
3. Date of filing/registration	on in Florida	4. Document number
~ ~	red agent and the registe	red office address as shown on the records of the
1	Kristine True	Name ddress tate and Zip nt and/or office:
]	Name Fig. 2 -
	14041 US Highway One	Name - Signature -
	A	ddress
	North Palm, FL 33408	
	City, S	tate and Zip
6. The name and address o	f the new registered age	nt and/or office:
<u>!</u>	NRAI Services, Inc.	
		ame
<u>-</u>	2731 Executive Park Drive	, Suite 4
	Florida street address (P.O. Box NOT acceptable)
<u>;</u> -	Weston	FL 33331
	City, Sta	te and Zip
confirmed that after the cha and the business office of t liability company, it is here	ange or changes are mad he registered agent will by confirmed that the cl liability company or as	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or apany.
(Signature of a member or authorize	ed range antative of a member)	and the second
(Signature of a memora of authorize	ed representative of a member)	
Cathi J. Wall, Auth. Represent	talive_	
(Printed or typed name of signee)	_	
w Tues	tment as registered ages of all statutes relative to accept the obligations o is document is being file hat the limited liability o	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in a to merely reflect a change in the registered office company has been notified in writing of this change.
(Signature of Registered Agent) Sean L. Ernerick, Asst. Secre Division	etary of Corporations, P.O.	Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00