

LO 4000012649

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04 OCT 25 PM 3:17  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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: Lobos Escrow Services, LLC.

2. The mailing address of the limited liability company is : 3042 Orange St.  
Miami, FL 33133

2/17/2004  
3. Date of filing/registration in Florida

L04000012649  
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:

Wolfe, Curtis A. Esq.  
Name  
200 S. Biscayne Blvd., Suite 4000  
Address  
Miami, FL 33129  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Curtis A. Wolfe  
Name  
550 West Cypress Creek Rd, Suite 12  
Florida street address (P.O. Box NOT acceptable)  
Ft. Lauderdale, FL 33309  
City, State and Zip

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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]  
(Signature of a member or authorized representative of a member)

Curtis Wolfe  
(Printed or typed name of signer)

*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.*

[Signature]  
(Signature of Registered Agent)

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