Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| 10.   |   |                      |                             |
|       | Division of Corporations  |                      | <u> </u>                    |
|       | Fax Number : (858)617-6383  |                      | File                        |
| From: |   |                      | 120                         |
|       | Account Name : C T CORPORATION  | N SYSTEM             | ,<br>,<br>,                 |
|       | Account Number : FCA000000923   |                      | 골;                          |
|       | Phone : (614)280-3338<br>Fax Number : (954)208-0845                   |                      | Ď,                          |
|       | nnual report mailings. Enter only                                     |                      | ed for future<br>please.**  |
|       | nnual report mailings. Enter only                                     | one email address p  | elease.**                   |
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|       | nnual report mailings. Enter only mail Address: LLC REGISTERED AC     | GENT CHANGE          | elease.**                   |
|       | LLC REGISTERED AC   | GENT CHANGE          | elease.**                   |
|       | LLC REGISTERED AC  1360 COMMOD  Certificate of Status  Certified Copy | GENT CHANGE          | elease.**                   |
|       | LLC REGISTERED AC 1360 COMMOD Certificate of Status                   | GENT CHANGE ORE, LLC | please.**                   |

Electronic Filing Menu

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| . Na   | me of the limited liability company: 1360 COMMOD   | ORE, LLC  |   |
|--|--|---|---|
| . (a)  | 1360 COMMODORE, LLC  | (b) 1360  | COMMODORE, LLC  |
| . (u)  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|  | 1330 Collins Avenue #1   | 1330  | Collins Avenue #1   |
|  | Miami Beach, FL 33139  | Miam  | ni Beach, FL 33139  |
|  | 2/16/2004  | L04000  | 0014948   |
|  | Date of filing/registration in Florida   | 4.  | Document number   |
| . (a)  | Richard Kroop, Esq   |   |   |
| (4)  | Registered Agent and Registered Office shown on the records of   | f State:  |   |
|  | 800 West Ave., Suite C-1   |   |   |
|  | Registered Office Address (MUST BE FLORIDA STREET)   | ADDRESS)  | SECONO FAIL   |
|  | Miami Beach , FL   | 33139   | P 12  |
| (b)  | C T Corporation System   | SEE SEE   |   |
| (0)  | Enter name of NEW Registered Agent and/or NEW Registered   | FLORA 9: 0  |   |
|  | 1200 South Pine Island Road  |   | A A A A A A A A A A A A A A A A A A A   |
|  | NEW Registered Office Address:   |   |   |
|  | Plantation   | 33324   | <del></del>   |
| he cha<br>gent v   | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited line<br>are authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the                            | ws of the State of<br>the registered of<br>ability company<br>of the limited lia<br>limited liability | office and the business office of the registered<br>y, it is hereby confirmed that the change(s)<br>ability company or as otherwise provided in<br>y company. |
| - <del></del>  | ture of a member or authorized representative of a member  | JAMES A. CAVANAUGH, JR.  Printed or typed name of signee  |   |
| l herel<br>provisi<br>he obl<br>o mere<br>polified<br>CIT Co | by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, it is in writing of this change.  Nathan Giffin, Assistant Secretary of Registered of Registery years. | ree to act in this<br>performance of<br>d for in Chapte<br>hereby confirm                             | annually I further gares to comply with the   |

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