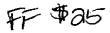
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J. BRYAN NOV - 5 2004

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 is:	Matis In	vestments, LLC.	
2. The mailing address of				n Road,
		mpany is.		·
Lake Worth, Florida 3	3407			•
April 14, 2004			L04000028670	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of		stered office	e address as shown o	on the records of the
	1276 Beacon Circle	Name e		
	Wellington, Florida		7	
6. The name and address	-	State and gent and/or	-	PILLED PH 2: 36 2004 NOV -2 PH 2: 36 2014 NOV -2 PH 2: 36 2014 NOV -2 PH 2: 36
	Anand Patel			AGE TO
	7645 Lake Worth R	Name Road		HILLED IDN-2 PH LAHASSEE, LAHASSEE,
	Florida street addres	s (P.O. Bo	(NOT acceptable)	ORA FLO
	Lake Worth,	FL 334	67	36
	City, S	State and Z	ip	PS
the members of the limit the operating agreement	hange or changes are me the registered agent we reby confirmed that the ed liability company or	nade, the Flill be idented to change(s) as otherwise company.	orida street address ical. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote of
Sanjay H. Patel				
(Printed or typed name of signee			_	
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a ns of all statutes relativ ad accept the obligation this document is being n that the limited liabili	igent and a ve to the pro ns of my po filed to me ty company	gree to act in this co per and complete p sition as registered rely reflect a chang has been notified i	apacity. I further agree to berformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Registered Agent)				

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

INHS18(10/99)

FILING FEE: \$25.00