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SECRETARY OF STATE



ACCOUNT NO. : 07210000032					
REFERENCE : 521454 7527475 75 8					
AUTHORIZATION : Louis Blance .					
COST LIMIT : \$ 500					
ORDER DATE: October 12, 2006 75.W					
ORDER 11ME : 9:50 AM ORDER NO. : 521454-045					
CUSTOMER NO: 7527475					
CHANGE OF AGENT					
NAME: MINNIEAR HOLDINGS, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Denise Mick EXT# 2950					
EXAMINER:					

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.

	J			
1. The name of the limite	ed liability company i	s: MINNIEAR	HOLDINGS, LLC	
2. The mailing address o	f the limited liability	company is:	1001 E. Telecom Dr.,	Boca Raton, FL 33431
	· ····			
A 1 27 2004	, <u>, , , , , , , , , , , , , , , , , , </u>		1.04000022175	*
April 27, 2004 L04000032175			 _	
3. Date of filing/registrat	ion in Florida		4. Document nun	nber
5. The name of the registe Florida Department of		gistered office a	address as shown o	on the records of the
		Paul Elkin		
		Name		
	1003	1 E. Telecom Driv	ve	FS 06
		Address		E 8 7 1
Boca Raton, FL 33431			P. C.	
	City	y, State and Zij	p	0
6. The name and address	of the new registered	agent and/or o	ffice:	SEE
	Corporat	tion Service Com	pany	FLOS
		Name		EE O
	120	01 Hays Street		D(
	Florida street addre	ess (P.O. Box I	NOT acceptable)	
	Tallahassee	FL	32301	
	City,	State and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	hange or changes are the registered agent of the registered agent of the liability companing of the limited liabil	made, the Flor will be identica he change(s) way or as otherwall ity company.	ida street address al. Or, in the case as/were authorize	of the registered office of a Florida limited d by an affirmative vote
Maureen Cullen, Authorized I	Person			
(Printed or typed name of signee)				
- Cyn Cer	intment as registered is of all statules relating the obligation of this document is being that the limited liabi	agent and agrive to the proposition of my position of the filed to mere lity company h	ee to act in this ca er and complete pa ion as registered y reflect a change as been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	Sylvia Queppet, Assistant	Vice President		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00