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SECHETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: HIALEAH SHOPPIN (Name of Limited | Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| DAYURI DIAZ (Name of Person) PREFERRED ALMANUE GROUP (Firm/Company) 8700 W. FLAGUER ST, STE (Address) MIAMI, FLOUDA 33174 (City/State and Zip Code) | SSEE FLORIDA |
| For further information concerning this matter, plea | |
| Name of Person) at (| (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amo | unt: |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

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.

| agent, or both, in the state of Pioriaa. | |
|---|--|
| 1. The name of the limited liability company is: | ALEAH SHOPPING CENTER J |
| 2. The mailing address of the limited liability company is: | -8700 W. FJAGLER ST |
| SUITE 165, MIAMI, FLORIDA | |
| 06/10/2004 | 204000043094 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and the registered office Florida Department of State: | address as shown on the records of the |
| SAID TO | |
| 7951 SW 40th ST | 1, STE 206 |
| MAHI FARING | 33155 |
| MIAMI FEDUDO City, State and Z | <u> </u> |
| 6. The name and address of the new registered agent and/or | office: |
| ALBERTO N. M | lorus 夢 b 音 |
| 8700 W. FAGLER | office: LOPUS ST STE IGG NOT acceptable) OFFICE NOT acceptable) |
| Florida street address (P.O. Box | NOT acceptable) |
| MIAMI, FL | 33174 |
| City, State and Zip | p |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. (Signature of member or authorized representative of a member) | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote |
| Thus Oca | |
| (Printed or typed name of signee) | - |
| I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my post Chapter 608, FIS. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company | ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. |
| (Signature of Registered Agent) | , |

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