L040000 46597



MELAND RUSSIN HELLINGER & BUDWICK, P.A.

3000 WACHOVIA FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI, FLORIDA 33131

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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.

ugom, or oom, m	ine state of Ftortaa.		
1. The name of th	ne limited liability company is: Boyme	elgreen Children of F	Florida, LLC
2. The mailing ad	ldress of the limited liability company is	: 700 Pacific Stree	t, Brooklyn, NY 11217
06/21/2004		L04000046597	•
3. Date of filing/r	registration in Florida	4. Document num	ıber
5. The name of the Florida Departs		ice address as shown o	on the records of the
	NRAI Services, Inc.		
	Name 2731 Executive Park Drive,	Suite 4	
	Address Weston, Florida 33331		
	City, State and	l Zip	
6. The name and a	address of the new registered agent and/	or office:	
	Andrew B. Hellinger, Esq.		-
	200 So. Biscayne Blvd., Su	ite 3000	NECT NECT NECT NECT NECT NECT NECT NECT
	Florida street address (P.O. B	ox NOT acceptable)	ARE DIS
	Miami, FL	33131	\$ 2
	City, State and	Zip	
confirmed that aft and the business of liability company, the members of the the operating agre	ility company is not organized under the change or changes are made, the office of the registered agent will be identified it is hereby confirmed that the change is limited liability company or as otherwherent of the limited liability company.	Florida street address on tical. Or, in the case of s) was/were authorized	of the registered office of a Florida limited I by an affirmative vote of
Andrew B. Helli	inger, Authorized Representative		
(Printed or typed name	5 ,	_	
I hereby accept the comply with the part of I am familiar Chapter 608 F.S. address, I hereby (Signature of Registere	he appointment as registered agent and rovisions of all statutes relative to the p with and accept the obligations of my p Or, if this document is being filed to m comp m that the limited liability compared Agent	agree to act in this cap roper and complete pe osition as registered a erely reflect a change ny has been notified in	pacity. I further agree to informance of my duties, igent as provided for in in the registered office writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)