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LAW OFFICES

Case & Muffler

A LIMITED LIABILITY PARTNERSHIP

SUITE 102
2810 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33306

JAMES L. CASE\* STEPHEN C. MUFFLER, LL.M. \*ALSO MEMBER MICHIGAN BAR (954) 563-(000 FAX (954) 565-2047 WEB SITE: www.floridactosings.com

October 15, 2004

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

Re: S.H.A.R.E. Investments, LLC

Dear Sir/Madame:

Enclosed please find a fully executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, together with this firm's trust account check in the amount of \$35.00, which represents payment of your fee for the requested change. After you have completed the change(s), please forward confirmation of same to this office at your earliest opportunity.

Sincerely,

JAMES L. CASE, P.A.

Katie Osborne Legal Assistant

/klo encs.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ORBOTH 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 limited liability comp	any is: S.H.A.R.E. Investments, LLC	
2. The mailing address of the limited lia Lauderdale, Florida 33305	oility company is : 2550 N. Federal Highway, Suite 2, For	<u>t</u> 
September 9, 2004 3. Date of filing/registration in Florida	<u>L04000066350</u> 4. Document number	
5. The name of the registered agent and Department of State:	the registered office address as shown on the records of the Florida	
	Florida is Filings, Inc.  Name 3732 Northwest 16 <sup>th</sup> Street  Address Fort Lauderdale, FL 33311  City, State and Zip	1 (
6. The name and address of the new reg		
	Sharon Pickard  Name  2550 N. Federal Highway, Ste. 2  Address  Fort Lauderdale, FL 33305  City, State and Zip	's <u>a</u> u
that after the change or changes are ma office of the registered agent will be ic hereby confirmed that the change(s) was	rganized under the laws of the State of Florida, it is hereby confirmede, the Florida street address of the registered office and the busine dentical. Or, in the case of a Florida limited liability company, it //were authorized by an affirmative vote of the members of the limited ded in the articles of organization or the operating agreement of the presentative of a member)	ss is ed
(Printed or typed name of signee)	CKARD	
with the provisions of all statutes relative with and accept the obligations of my po-	tered agent and agree to act in this capacity. I further agree to comp to the proper and complete performance of my duties, and I am familio- sition as registered agent as provided/or in Chapter 608, F.S. Or, if th t a change in the registered office address, I hereby confirm that the d in writing of this change.	ar is

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

(Signature of Registered Agent)