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ENTITY NAME:

ALLEZ HOLDINGS LLC

CK# 7339 FOR \$25.00

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE FOLLOWING:

__ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

SECRETARY OF STATE TALLAHASSEE. FLORID.

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: Allez Holding	gs LLC					
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	_ رب		Mailing address of limited liab	ility company	y:
	9730 W Broadview Drive		Ş	9730 W	Broadview Drive		
	Bay Harbor Islands, FL 33154	_	<u>E</u>	Bay Hai	rbor Islands, FL 3315	4	
	September 20, 2004		L	040000	68606		
3.	Date of filing/registration in Florida	— 4.	_		Document number		
5. (a))						
` `	Registered Agent and Registered Office shown on the records o	f the Flori	da D	ept. of Stat	_ te:		
	THE CANTOR GROUP CORPORATE SEI	RVICES	S LI	LC	•	•	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	ਲ	ASE
	2601 SOUTH BAYSHORE DRIVE, SUITE 1800					كال	LAH
	Miami , F	_L 3313	3		_	L 20	HASSE
	,,	<u></u>			_		SES
(b)	Enter name of NEW Registered Agent and/or NEW Registere					3	114.13 11.14.13
	Atrium Registered Agents, Inc.	Office a		<u>::::</u> :	_	8: 00	OKIOA
	NEW Registered Office Address:						
	Town Center One, 8950 SW 74th Court, S	Suite 19	01		_		
	Miami , F	L 33150	5		_		
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reg liability of of the lin	iste com mite	red offic pany, it i ed liabilit	e and the business office is hereby confirmed that to ty company or as otherwise	of the regis	stered 's)
		Le	slie	A. Sha	are, Authorized Repre	esentativ	8
Sign	attended a member or authorized representative of a member				Printed or typed name of sign	100	
I here provis the ob to mer notifie	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address, and in writing of this change.	gree to a e perfori ed for in I hereby	ct in nan Cho conj	this cap ce of my apter 603 firm that	acity. I further agree to a duties, and I am familiar 5, F.S. Or, if this docume the limited liability comp	comply with with and a int is being any has be	h the accept filed een
Signati	of Registered Agent						
Aťfi	um Registered Agents, Inc. by Les Division of Corporations P.O. FILING	slie 8 Box 632 FEE: \$2	5ha 27• 5.00	re, V Tallahas	7P ssee, FL 32314		