## L04000084063

(Re	equestor's Name)				
	dress)				
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(Address)					
(Cit	ty/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Bu	usiness Entity Name)				
(Do	ocument Number)				
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				
	Office Use Only				



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TION SERVICE COMPANY.					
AC	COUNT NO.	:	0721000000	32	
1	REFERENCE	:	970179	4319480	
AUTH	ORIZATION	:12			10 9
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ORDER DATE : June 2	7, 2007		•	<b> </b>	TARY OF
ORDER TIME : 9:53	M/				5 1 2:3
ORDER NO. : 970179	-495				RIO
CUSTOMER NO: 431	9480				<b>y</b>
<u>CI</u>	HANGE OF AG	ENT			· · · · · · · · · · · · · · · · · · ·
NAME: TEA	WPB EQUITI	ES	LLC		
PLEASE RETURN THE FOI	LLOWING AS	PRO	OF OF FILI	NG:	
CERTIFIED CON PLAIN STAMPER					
CONTACT PERSON: Dore	een Wallace				
			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.

1. The name of the limited liability company is: TEA WPB EQUITIES LLC
2. The mailing address of the limited liability company is :
55 Fifth Avenue,15th Floor, New York, NY 10003
11/18/2004 L04000084063
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Lee Solomon, Esq.
Name
19538 Bayview Road
Address 5 2
Boca Raton, FL 33434
City, State and Zip
6. The name and address of the new registered agent and/or office:
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)
Maureen Cullen, Authorized Person (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Agent) Sylvia Queppet, Asst. VP
(Signature of Registered Agent) Sylvia Queppet, Asst. VP
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)