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: CAPITOL CORPORATE SERVICES, INC. Account Name

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LLC REGISTERED AGENT CHANGE PARK AVENUE PROPERTY INVESTMENT I, LLC

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

Pursuant to the provisions of sec submits the following statement Florida.	In order to change its reg	5.0114 or 605.0116, Florida Statutes, the undersigned limited liability company r to change its registered affice or registered agent, or both, in the State of PARK AVENUE PROPERTY INVESTMENT I, LLC			
1. Name of the Limited Liability		ICE PROFERIT HAVESTMENT I, LEG			
2. (a) 515 E. PARK AVE.		(b) 4102 Klmmer Rowe Dr			
Principal office address	r of limited liebility company: E STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) TALLAHASSEE, FL 32309			
TALLAHASSEE, FL	32301				
12/15/2004		L04000090911			
3. Date of filing/rep	gistration in Florida	4. Document number			
5. (a) ROBERTS, KEVIN	R				
Registered Agent and Register	ed Office shown on the records of	the Florida Dept. of State:	2%		
4102 Kimmer Rowe			24		
Registered Office Address	<u>MUST BE PLORIDA STREET.</u>	ADDRESSI J. 32309 d Office Hildress:	2024 HAR		
			9-6		
TALLAHASSEE	, FL	32309	. or		
TACLITITOOLL	,,, L		- 至		
(b) Capitol Corporate S	ervices, Inc.		بع ي		
Enter name of NEW Register	ed Agent and/or NEW Registered	1 Office Hildress:	PH 4: 02		
		i i i i i i i i i i i i i i i i i i i	2' '		
515 East Park Aven					
NKW Registered Office Addr	CA1:				
Tallahassee	, ार	ı, 32301 <u> </u>			
			t after		
the change or charges are made,	the Florida street address of e case of a Florida limited li- vative vote of the members (nvs of the State of Florida, it is hereby confirmed that it the registered office and the business office of the reliability company, it is hereby confirmed that the char of the limited liability company or as otherwise prove limited liability company.	ngc(s)		
Mh_		Printed or typed name of signes	<u>></u>		
Signature of a hearber or authorized	representative of a member		with the		
I hereby accept the appointment provisions of all statutes relative the obligations of my position as to merely reflect a change in the notified in writing of this change.	i as regisiered ageni and de e to the proper and complet i registered agent as provice i registered office address, I e.	gree to act in this capacity. I further agree to comply a performance of my duties, and I am familiar with a led for in Chapter 605, F.S. Or, if this document is but hereby confirm that the limited Hability company ha	nd accept sing filed is been		
an home	Brian	Radecki, Assistant Secretary on			
Signature of Rogistered Agent		f of Capitol Corporate Services, Inc.			
Divis	on of Corporations • P.O.	Box 6327. Tallahassee, FL 32314			

Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314 FILING FER: \$25.00

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