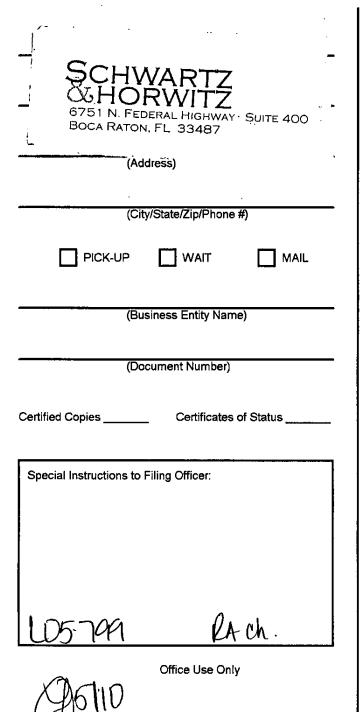
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05/02/06--01012--034 **25.00

SECRETARY OF STATE

06 MAY -2 PH 2: 18



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: Lewis-Goldstein Family, LLC			
2. The mailing address of the limited liability company is : 400 Leslie Drive, Halla	andale Be	ach, F	<u>L</u> .
33009			
01/04/05 L0500000799			
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 Florida Department of State:	e records	of the	
Steven G. Schwartz, Esq.			
Name			
3301 NW Boca Raton Boulevard, Suite 200			
Address		_	
Boca Raton, FL 33431	ΣΩ	8	
City, State and Zip	\$2	06 MAY	
6. The name and address of the new registered agent and/or office:	HASSE	-2	
Steven G. Schwartz, Esquire	THE THE	JK.	90
Name	င်ပိုင	Ÿ	
6751 North Federal Highway, Suite 400	黑军	<u></u>	
Florida street address (P.O. Box NOT acceptable)	¥m	8	
Boca Raton FL 33487			
City, State and Zip			
If the limited liability company is not organized under the laws of the State of Floric confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a liability company, it is hereby confirmed that the change(s) was/were authorized by of the members of the limited liability company or as otherwise provided in the artior the operating agreement of the limited liability company.	ie register Florida li an affirm	ed office mited ative v	ote
(Signature of a member or authorized representative of a member)			•
DEBEA LEWIS			
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent and agree to act in this capacic comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligations of my position as registered agen Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the address. I hereby confirm that the limited liability company has been notified in writing the company has	ity. I furth mance of t as provid he registe iting of thi	er agr my dui ded for red offi s chan	ee to ies, in ice ge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)