2006 LIMITED LIABILITY COMPANY

SIGNATURE:

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Secretary of State 05-03-2006 90036 004 ****50.00 **DOCUMENT #L05000011405** PEMBROKE OFFICE NORTH, LLC Principal Place of Business Mailino Artriress 1560 S DIXIE HIGHWAY, SUITE 204 1560 S DIXIE HIGHWAY, SHITE 204 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 209 209 04262006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2372365 City & State City & State Applied For Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am lamiliar with, and accept SIGNATURE Signature, typed or printed name of repretered agent and tide if applicable. (NOTE: Registered Agent elements required when rematating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM THELE Deteta IIILE Change Addition James Car 81 Palm A MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MHAMI BOOG CITY - ST - ZIP TITLE ☐ Deteta Change ITILE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7P TITLE ☐ Detete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY - ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NUME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ITTLE ☐ Deleta ☐ Change ☐ Addition NASA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that if am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. LISA EISMACHA

MATURE AND TYPED OR PRINTED NAME OF EXCHING MANAGING MEMBER MANAGER OR AUTHORITED REPRESENTATIVE

FILED

Jun 07, 2006 8:00 am