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12/21/2012

STATEMENT OF CHANGE OF REGISTERED OFF BOTH FOR LIMITED LIABILITY COMPANY	ICE OR REGISTERED AGENT OR
Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the andersigned limited ler to change its registered office or legistered
I. Name of the limited liability company: Mansiona Ocean Rasi	dences LLC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 400 Brome Street, New York, NY 10013
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	400 Brome Street, New York, NY 10013
June 3, 2005	L05000055236
3. Date of filing/registration in Florida	4. Document number
 (a) Registered Agent and Registered Office shown on Registered Agent: 	Osnny Tendeff, Esq.
Registered Office Address:	19801 NE 29th Avenue Suite 100 Aventura, FL 33180
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Corpco, Inc.
NEW Registered Office Address:	2599 S. Bayshore Drive
<u>(MUST BE FLORIDA STREET ADDRESS)</u>	7th Floor Mlami
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office itical. Or, in the case of a Florida limited it was/were authorized by an affirmative vote of
Erica L English Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compared	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	

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

INHS18 (05/08)