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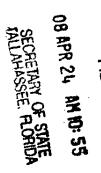
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

	COVERLEI	IEK	
TO: Registration Section Division of Corporations		·	
SUBJECT: NEW DAWN INVESTME (Name o		ility Company)	<u></u>
(1141100	T Elimitou Elias	, cempung,	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Chang	e and fee(s) are submitted f	or filing.
Please return all correspondence concerni	ng this matter t	o the following:	
JACK KAPLAN			
(Name of Person)			28
NEW DAWN INVESTMENTS, LLC			08 APR 24 AM ID: 55 SECRETARY OF STATE TALLAHASSEE FLORID
(Firm/Company)			SSE F
2601 SOUTH BAYSHORE DRIVE, S	TF 200		HO B
(Address)	12 200		94 · 53
			A
MIAMI, FL 33133			
(City/State and Zip Code)			
For further information concerning this ma	atter, please ca	II:	
JACK KAPLAN	at (_305	₎ 857-0400	
(Name of Person)		(Area Code & Daytime Te	elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314	
Enclosed is a check for the follow	ving amount:		
✓\$25 Filing Fee	□ ¢	55 Filing Fee & Certified C	Conv

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.

agent, or boin, in the state of 1 to	7 101011			
1. The name of the limited liabili	ity company is: !	NEW DAWN INVESTMENTS, LL	<u>C</u> .	
2. The mailing address of the lim	nited liability com	npany is : 2601 SOUTH BAY	SHORE DRIVE, STE 200,	
MIAMI, FL 33133			<u> </u>	
06/17/2005	L05000060767			
3. Date of filing/registration in F	lorida	4. Document number		
5. The name of the registered age Florida Department of State:	J	red office address as shown	on the records of the	
Emily	M. Usow, Esq.	X	_	
0505		Name		
2525 F	Ponce de Leon B		- 0	
Address		40.0		
Miami, FL 33134				
	City, S	tate and Zip	08 APR 24	
6. The name and address of the no	ew registered age	ent and/or office:		
JACK	KAPLAN		Ph S	
		ame PRE DRIVE, STE 200	AM D: SS	
Florid	la street address ((P.O. Box NOT acceptable)		
MIAMI		E1 33133		

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.

City, State and Zip

(Signature of a member or authorized representative of a member)

JACK KAPLAN AS MANAGING MEMBER OF NEW DAWN HOLDINGS LLC

(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)

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

INHS18 (8/05)