Florida Department of State

Division of Corporations Public Access System

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VISJON OF CORPORATION

REGISTERED AGENT CHANGE

901 MCC, LLC.

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

Pursuant to the pro- liability company sui agent, or both, in the	visions of sections 60 Writs the following sta State of Florida.	8.416 or 608.508, Florida Statute atomont in order to change its reg	s, the undersigned limite istured office or regionere
1. The name of the R	mited liability compar	ry is: 901 MCC, LLC.	
2. The mailing addre	ss of the limited lisbil	ity company is : 901 Brickell Key Bo	utevard. Miami, FL 33131
10/3/2005	L05000097380		
3. Date of filing/regi	stration in Plorida	4. Document nu	nber
5. The name of the re Florida Departmen	gistored agent and the tof State:	registered office address as shown	on the records of the
r	Alan C. Gold		_
	1320 South Dixi	Name e Highway, Suite 870	_
	Carol Cables C	Address	
	Coral Gables, FI	City, State and Zip	
6. The name and adds	ess of the new register	red agent and/or office;	7000 TALL
			الالا حد فخط
	Alan C. Gold	Name	JUL 24 AHASSI
	1501 Sunset Drive, 2nd Floor		2u ARY SSE
	_	dress (P.O. Box NOT acceptable)	
	Consi Gables	FI 33143	TOTAL B.
		ity, State and Zip	RIDE SS
confirmed that after the and the business offic liability company, it is of the members of the operating agree	to change or changes as a of the registered age a hereby confirmed that a limited liability comprises of the limited liability comprises to the limited liability comprises the liabil	<u> </u>	of the registered office of a Plorida fimited of by an affirmative year
Signapore of a number or of	TO CABAL	99(m10#2)	
(Fringed or poped name of si	pare)		
I hereby accept the a comply with the provi- and I any lamillar with Chapter 608, I a. Or address. I neighby conf	Problement as register from of all standards reinand decept the oblige (i) this document is being that the limited lice.	ed agent and agree to act in this ca ative to the proper and complete p thons of my position as registered t ing filed to merely reflect a change willly company has been notified in	pacity. I further agree to informance of my didies, stent as provided for in In the registered office i writing of this change.
(3) planes of the following Age Div (NHB18 (8/05)	ision of Corporation:	., P.O. Box 6327, Talinhassee, FL LING FEE: \$25.00	32314

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