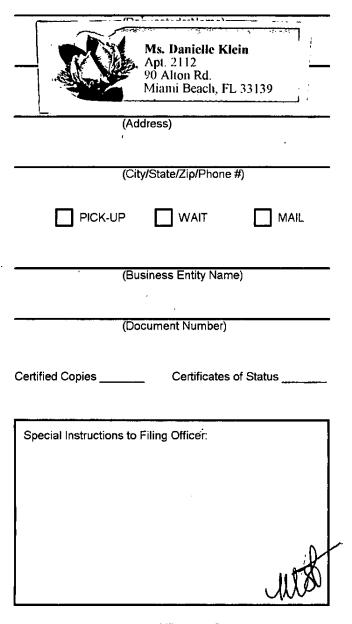
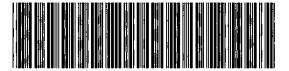
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Office Use Only



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O'AUG-8 AMII:08 SECRETATY OF STATE TALLAHASSEF E CHAIE

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.

	· og z vo. valen						
1. The name of the limite	d liability company is	DANIELLE LI	SA KLEIN LLC	·			·
2. The mailing address of	the limited liability o	ompany is:	220004	۱.,			
110 WASHINGTON AVENU	UE #2410 MIAMI BEAC	H FL 33139 US	Changes	D	Ac	ナコ	13 —
5 (1), 1000 c			<u> </u>	MAMI	Rec	idh.	FL.
7/11/2006 3. Date of filing/registrati	on in Florida		L06000069237 4. Document n				_3
				-		•	
5. The name of the registe Florida Department of S	red agent and the regis	stered office a	ddress as show	n on the reco	ords of	the	
or of the second	THE FLORIDA INCOR	RPORATING CC	MPANY				
•	1202 COVERNORS SC	Name					
	1203 GOVERNORS SQ	Address	1	-		•	
TALLAHASSEE, FL 32301						0	•
		, State and Zip			Ze Ze	OT AUG	
6. The name and address of the new registered agent and/or office:					SKEA KEAS	9- 9N	FIE
	Business Filing	gs Incorporated			SHE.		8
		Name rs Square, Ste. 10	1		HOTE 11S ±(AM II: 09	
•	Florida street addres	ss (P.O. Box N	OT acceptable)	南	9	
	Tallahassee	_FL _32301					
	City, S	State and Zip					
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the operation of	the registered agent we by confirmed that the diability company or f the limited liability company or	nade, the Flori- ill be identical e change(s) wa as otherwise p company.	da street addres Or, in the cas s/were authoria	ss of the regi se of a Floric zed by an afi	istered da limi firmati	office ted ve vot	te of
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) Business Filings Incorporated,	40		e to act in this r and complete on as registere v reflect a chan as been notified	capacity. I j performand å agent as p ge in the rec Fin writing o	further te of m rovide gistered of this	agree y dutie d for i d offic change	: 10 ?s, n e e.

FILING FEE: \$25.00

INHS18(10/99)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314