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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liab	tments, LLC pility Company)
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Philip Feldman (Name of Person)	·
Feldman, betz, CCP (Firm/Company)	<u>—</u>
1877 S. Federal Hy S. (Address)	into 110
Boca Raton FL 33 (City/State and Zip Code)	<u>43</u> 2
For further information concerning this matter, please ca	all:
Phi lip Feldman at (56) (Name of Person)	(Area Code & Daytime Telephone Number)
Registration Section R Division of Corporations C Clifton Building P	failing address: egistration Section division of Corporations O. Box 6327 fallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



December 12, 2006

PHILIP FELDMAN FELDMAN & GETZ, LLP 1877 S. FEDERAL HIGHWAY, STE. 110 BOCA RATON, FL 33432

SUBJECT: NANNINI INVESTMENTS, LLC

Ref. Number: L06000080551

We have received your document for NANNINI INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 406A00070751

Leslie Sellers Document Specialist

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.

1. The name of the limited liability company is: Nanin: Investments,	UC
2. The mailing address of the limited liability company is: 16400 Northwest	2nd Aunix
Su.te 202-F Miam: FL 33/69	
Sv.te 202-F Micm:, FL 33/69 8/15/06 L060000805	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the reference Florida Department of State: Feldman & Getz, LCP Name 16400 North upst 2 rd Annue Suik 202 Address Miami, FC 33169 City, State and Zip	
Address Migmi FC 33/69 City, State and Zip	SECRE DIVISION 07 JAN
6. The name and address of the new registered agent and/or office:	OF C
Feldman & Getz, LCP 1877 S. Federal Hwy. Suite 110 Florida street address (P.O. Box NOT acceptable)	SECRETARY OF STATE IVISION OF CORPORATIONS
Boca Raton FL 33432 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, is confirmed that after the change or changes are made, the Florida street address of the regard the business office of the registered agent will be identical. Or, in the case of a Flor liability company, it is hereby confirmed that the change(s) was/were authorized by an a of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	t is hereby gistered office rida limited affirmative vote s of organization
Philip Feldman (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent as Chapter 608, F.S. Or, if his document is being filed to merely reflect a change in the readdress, thereby confirm that the limited liability company has been notified in writing	I further agree to nce of my duties, provided for in egistered office of this change.

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

(Signature of Registered Agent)