

Division of Corporations

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**LD6 0000 83855****H12000224876 3**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To: Division of Corporations  
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Account Number : 078077000855  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
HORNWOOD MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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## 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. Name of the limited liability company: HORNWOOD MANAGEMENT, LLC
2. (a) Principal office address of limited liability company: 200 S. BISCAYNE BLVD. 14TH FLOOR

(Note: MUST BE STREET ADDRESS)ATTN: CRIS GARCIA  
MIAMI FL 33131

- (b) Mailing address of limited liability company: 200 S. BISCAYNE BLVD. 14TH FLOOR

(Note: MAY BE POST OFFICE BOX)ATTN: CRIS GARCIA  
MIAMI FL 33131

08/24/2006

3. Date of filing/registration in Florida

L06000083855

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CFRA, LLC

Registered Office Address:

4221 W. BOY SCOUT BLVD.  
10TH FLR.  
TAMPA FL 33607 US

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

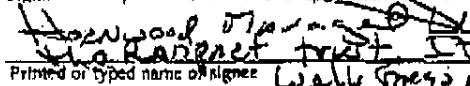
CFRA, LLC

NEW Registered Office Address:(MUST BE FLORIDA STREET ADDRESS)100 S. ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602

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.

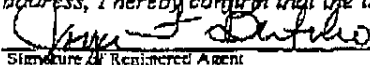
 Vice President

Signature of a member or authorized representative of a member

 Vice President

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

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