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— (Ad	dress)						
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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

-	tration Section ion of Corporations			
SUBJECT:	London Plaza, LLC (Name of Limited	Liability Company)		
Dear Sir or M	fadam:			
The enclosed	Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return	all correspondence concerning this ma	atter to the following:		
Christina	Harris Schwinn, Esq. (Name of Person)			
Pavese L	aw Firm (Firm/Company)			
1833 Hen	(Address)			
Fort Myers	, FL 33901 (City/State and Zip Code)			
For further in	formation concerning this matter, plea	se call:		
Christina F	Harris Schwinn, Esq. at (2) (Name of Person)	39 336-6228 (Area Code & Daytime Telephone Number)		
Regist Divisio Cliftor 2661 F	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclo	sed is a check for the following amou	unt:		
√ \$25	Filing Fee	\$55 Filing Fee & Certified Copy		

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 limit	ed liability compar	ny is: London Pla	eza, LLC	•		·
2. The mailing address of	of the limited liabil	ity company is:	3587 Route 9,	Suite 244		·
Freehold, NJ 07728		, ,				
			1.000000004	^ 4		
9/20/06		_	L060000921			
3. Date of filing/registra	tion in Florida		4. Document	number		
5. The name of the regist Florida Department of	ered agent and the State:	registered office	address as shov	vn on the records	of the	
-	Kevin F. Jurs	sinski. Esa.				
		Name				
	7800 Universi	ty Pointe Dr., S	Suite 200			
		Address	· · · · · · · · · · · · · · · · · · ·	···		<u> </u>
	Fort Myers, Fi	L 33907			07	≦ુ
		City, State and Zi	p		₽	
6. The name and address	of the new register	red agent and/or o	office:		APR 26	RETAIN
	Christina Harr	ris Schwinn. E	sa.			875
	,	Name			AM II:	결유
	1833 Hendry				=	₩v.
•••		idress (P.O. Box	NOT acceptable	e)	. 56	A
	Fort Myers,	FL 3390)1		•	S
	C	ity, State and Zip	·			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement.	hange or changes a f the registered age breby confirmed that mited liability com- nt of the limited lia	are made, the Floant will be identic at the change(s) v pany or as otherw ability company.	rida street addre	ess of the registere	ed offic	
(Signature of a fi)ember or author	rized representative of a	member)				
Jeff London (Printed or typed name of signee)	•	٠			
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	intment as register is of all statutes re id accept the oblige this document is be i that the limited lic	red agent and agr lative to the propi ations of my posi eing filed to mere ability company h	ree to act in this er and complete ion as registere ly reflect a char ias been notified	capacity. I furth e performance of ed agent as provid- nge in the register d in writing of this	er agre ny dui led for ed offi s chan	ee to lies, in ce ge.

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

FILING FEE: \$25.00

(Signature of Registered Agent)