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ACCOUNT NO. : 072100000032

REFERENCE : 231090 4319480

AUTHORIZATION	ΑI	JΤ	'HC	RI	ZA	ITA	ON
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ORDER DATE: September 17, 2007

ORDER TIME : 10:42 AM

ORDER NO. : 231090-085

CUSTOMER NO: 4319480

CHANGE OF AGENT

NAME:

PROSPECT PLACE MANAGER

EQUITIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER:

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: PROSPECT PLACE MANAGER EQUITIES, LLC 2. The mailing address of the limited liability company is: c/o Time Equities, Inc., 55 Fifth Avenue, New York, NY 10003 12/04/2006 L06000115828 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 records of the Florida Department of State: National Corporate Research, Ltd., Inc. Name 515 East Park Avenue Address Tallahassee, FL 32301 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) 32301 Tallahassee City, State and Zip 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. Signature of a member or authorized representative of a member) Maureen Cullen, Authorized Person (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. Cupps (Signature of Registered Agent) Sylvia Queppet, Asst. VP

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

INHS18(10/99)

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