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J. BRYAN

OCT - 9 2008

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.

010 140	NA DAY 11 O	
1. Name of the limited liability company: CHC MARI	NA BAY, LLC	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	y: 161 St. Anthony Avenue, Ste. 820 St. Paul, MN 55103	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	161 St. Anthony Avenue, Ste. 820 St. Paul, MN 55103	
12/06/2006	L06000116724 9	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent:</u> James D. Vogel, Esq.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Vogel Law Office, P.A. 3936 Tamiami Trail North, Suite B Naples, ,FL 34103	
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) [Printed or typed name of signee] [Printed or typed name of signee]		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this accument is being filed to merely reflect a confirm that the limited liability company has been notific (Signature of Resistered Agent)	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, i change in the registered office address, I hereby ed in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
FILING FEE: \$25.00		