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Florida Department of State

Division of Corporations Public Access System

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From:

Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

MELBOURNE 14 LLC

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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: Melbourns 14 LLC 4053 Maple Rd., Amherit, NY 14226 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: 4053 Maple Rd., Amherst, NY 14226 (Note: MAY BE POST OFFICE BOX) Σ∽ 02/21/2007 1,07000019936 4. Document number 3. Date of filing/registration in Plorida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State 紹全 Registered Agent: HRAWG Corp. 7 ָןדָד 1801 N. Military Trail, Stc. 200 Boca Raton, FL 33431 Registered Office Address: 31 7-(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: C T Corporation System NEW Registered Agent: **NEW** Registered Office Address: 1200 South Pine Island Road (MUST RE FLORIDA STREET ADDRESS) Plantation, 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 appearance of the limited liability company. tuive of a member 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 auties, 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.

CT Corporation System ANN J. WILLIAMS Assistant Vice President Signature of Registered Agent Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: 525.00

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