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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•··	
SUBJECT: <u>CENTAM PAI</u>	Name of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
DAVID A. MATLUE (Name of Person	ш	OT OCT 15 # 11:12
CENTAM PARTNERS (Firm/Company) 1995 E. OAKLAND (Address)		1:12
FORT LAUDERDALE, (City/State and Zip of	FL 33306 Code)	
For further information concerning	g this matter, please call:	
VALERIE DUCH (Name of Person)	at (954) 630-1801 (Area Code & Daytime Telephone 1	Number)
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327	
Enclosed is a check for th	e following amount:	
\$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.

agent, or both, in the State of Flo	rida.			
1. The name of the limited liabil	ity company is: CEA	ITAM PARTNERS	, LLC	
2. The mailing address of the lin	nited liability compan	y is : 199.5 EAST	OAKLAND I	PARK.
BOULEVARD #200	FORT LAUDE	FRDALE, FL 3	3306	
4/12/2001			39 39 D	
3. Date of filing/registration in F	lorida	4. Document number		
5. The name of the registered age Florida Department of State:	ent and the registered	office address as shown	on the records	of the
_50	VEGEL * UTR Nam	ERA, P.A.	_	
18	Nami 40 CORAL WA	y - 4th Floor		
	Addre	SS	_	
<u>_M</u>	AMI, FL 3314 City, State:	45 and Zin	<u>-</u>	OTOCT 15 MII:12
6. The name and address of the ne				翼 = =
_				題言
DA	OUID A. MATLO	uck	-	能量
	Name	and Oracle Relia	#	
		AND PARK BLUD	· # 200	93 5
Floric	la street address (P.O.	Box NOT acceptable)		Du.
FORT A	ANDERDALE FL	33306		
, and the salah	City, State ar	nd Zip	"	
If the limited liability company is confirmed that after the change of the business office of the region	r changes are made, th	ne Florida street address	of the register	ed office

on 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)

WAYNE W. BLACK BURN
(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 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.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00