

BLUMBERG/EXCELSIOR
DIVISION OF CORPORATIONS

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Florida Department of State
Division of Corporations
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SELLERS

To:
Division of Corporations
Fax Number : (850) 617-6380

MAR 25 2008

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

EXAMINER

RECEIVED
2008 MAR 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

170/2E ASSOCIATES LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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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. The name of the limited liability company is: 1702E ASSOCIATES LLC
2. The mailing address of the limited liability company is: 1425 BRICKELL AVENUE, APT. 58E MIAMI FL 33131

04/23/2007

L07000043349

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:

ALEXANDRE BOSONI

Name

1425 BRICKELL AVE APT 58E

Address

MIAMI FL 33131

City, State and Zip

6. The name and address of the new registered agent and/or office:

MARCO ROYO

Name

1643 BRICKELL AVENUE, APARTMENT 3304

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33129

FL

City, State and Zip

If the limited liability company is not registered under the laws of the State of Florida, it is hereby acknowledged that after the change of name, 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 of name was authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in its articles of organization or its operating agreement for the limited liability company.

MARCO ROYO

Registered Agent

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.

(Signature of Registered Agent)

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

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TALLAHASSEE, FLORIDA

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