Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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: BERGER SINGERMAN - FORT LAUDERDALE Account Name

Account Number : I20020000154 : (954)525-9900 Phone

Fax Number : (954)523-2872

REGISTERED AGENT CHANGE

HARVEST HOLDINGS, LLC

Certificate of Status	0_
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OCT 1 4 2008

350 E. Las Olas Blvd.

Ft. Lauderdale, FL

408000234731

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 ar 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: Harvest Holdings, LLC 2. (a) Principal office address of limited liability company: _55 NE 5th Ave., 2nd Floor (Note: MUST BE STREET ADDRESS) Deltay Beach FL 33483

10/5/2007	107000101410	- 2 43
3. Date of filing/registration in Florida	4. Document number	FO
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		是是
Registered Agent:	John R. Evasius	gg ×
Registered Office Address:	55 NE 5th Ave., 2nd Floor	- E.O.
	Delray Beach, FL 33483	35

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: BSPA Corporate Services Inc **NEW** Registered Office Address: 350 E. <u>Les Olas Blvd</u>. Suite 1000 (MUST BE FLORIDA STREET ADDRESS) Ft. Lauderdale

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)

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

James L. Berger, Authorized Rep. (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 dulies, 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.

W. (Signuture of Registered Agent)

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

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