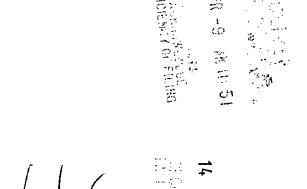
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STERLING & STERLING OF FLORIDA, LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

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

Pursuant to the provisions of sections 605.0114, 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.

outh, in the blate of 1 to taus.		
1. Name of the limited liability company: STERLING	& STERLING OF FLOR	RIDA, LLC
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	ny: 135 Crossways Park Drive, St	uite 300
	Woodbury, NY 11797	
(b) Mailing address of limited liability company:	PO Box 9017	
(Note: MAY BE POST OFFICE BOX)	Woodbury, NY 11797	
		一道 第三
May 29, 2008	L08000053030	5 5
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida	Dept. of State#.
Registered Agent:	Corporation Service C	് ഗ
Registered Office Address:	1201 Hays Street	
	Tallahassee, FL 32301-2525	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	National Corporate Rese	 _
NEW Registered Office Address:	155 Office Plaza Drive	
(MÜST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	Florida street address of the entical. Or, in the case of a F (s) was/were authorized by a wise provided in the articles	registered office lorida limited n affirmative vote of
Signature of a member or authorized representative of a member		
David A. Sterling,		
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 pand I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address thereby confirm that the limited liability compand	l agree to act in this capacity proper and complete perform position as registered agent merely reflect a change in th uny has been notified in writi	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
Signature of Registered Agent Lucy Rose, Assistant Secreta	ry	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 323	14

FILING FEE: \$25.00

INHS18 (12/13)