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Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT CHANGE
CAMEO MANAGEMENT, 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 605.0114 or 605.0116, 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: Cameo Management, LLC

2. (a) 3050 Biscayne Blvd., PH 1 (b) 3050 Biscayne Blvd., PH 1
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Must be Florida street address) (Must be Florida post office box)
Miami, FL 33137 Miami, FL 33137

3. 07/24/2009 4. LS9000071825
 Date of filing/registration in Florida Document number

3. (a) Alan W. Levine
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1110 Brickell Avenue
 Registered Office Address (Must be Florida street address)
Suite 700
Miami FL 33131

(b) None
 Name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address
3350 Mary Street
Miami FL 33133

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 Printed or typed name of signer
 I hereby accept this 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 605, F.S. (or, if this document is being filed to effect 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 6317 Tallahassee, FL 32314
 FILING FEE: \$25.00

INSDS (2/14)

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