Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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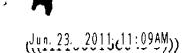
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EXAMINER

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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.

Name of the limited liability company:	Nivel, LLC
2. (a) Principal office address of limited liability company	y: Nivel, LLC
(Note: MUST BE STREET ADDRESS)	625 N. Flagler Drive, Suite 605 West Paim Beach, FL 33401
(b) Mailing address of limited liability company:	Nivel, LLC
(Note: MAY BE POST OFFICE BOX)	625 N. Flagler Drive, Suite 605 West Palm Beach, FL 33401
06/03/2010	L10000059945
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Whitmire, Drennen L Jr. Esg.
Registered Office Address:	North Palm Beach, FL 33408
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address 22 2
NEW Registered Agent:	Martin V. Katz, Esq.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	625 N. Flagler Drive, Suite 605 (a. West Palm Beach ,FL 33401
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member of authorized representative of a member	_
Martin V. Katz, Esq., Manager	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my participated by the configuration of the prantition of the prantition of the province of the pr	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in wely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Asset	
Division of Cornerations P.O. Roy 63	377 Tallahaceae FI. 37314

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