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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.

7

1. Name of the limited liability company: PLYMOUTH FACE	LITIES LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any; 300 SOUTH POINTE DR. UNIT 1405	MIAMI BEACH, FL 33139
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	621 SOUTH PLYMOUTH COURT, 1 \$	T FLODE GRICAGO L 60605
8/W12	L12000101050	-9 ARY SSF
3. Date of filing/registration in Plorida	4. Document number	- F
5. (a) Registered Agent and Registered Office shown	on the records of the Florida (<u> Ф</u> пі —
Registered Agent:	EDMUND SWEENEY	77 -
Registered Office Address:	300 SOUTH POINTE DR. 1405 MIAMI BEACH, FL 33139	
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	MARK S. SCHECTER 100 NE 3RD AVENUE SUITE 620	
	FORT LAUDERDALE	,FL 33301
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 idliability 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 with the limited liability company of a member or nuthorized representative of a member of a member of such confirmation of such conf	r Florida street address of the entical. Or, in the case of a Figs was/were authorized by an wise provided in the articles of the control of	registered office lorida limited n affirmative vote of
Printed or typed name of signes		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to induress. I hereby confirm that the limited liability completess.	l agree to act in this capacity proper and complete perform position as registered agent a merely reflect a change in the any has been notified in writing	. I further agree to ance of my auties, as provided for in registered office ag of this change.
Signature of Registered Agent		

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