

Division of Corporations

L/3000020056

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEVINE & PARTNERS, P.A.  
Account Number : 074677001117  
Phone : (305) 372-1350  
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LLC REGISTERED AGENT CHANGE  
542 HOLDINGS, 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: 542 Holdings, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 14500 Ocean Bluff Drive Fort Myers, FL 33908 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 02/07/2013 4. Document number: L13000020086

5. (a) Alan W. Levine Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1110 Brickell Avenue, Suite 700, Miami, FL 33131 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

(b) Enter name of NEW Registered Agent and/or NEW Registered Office Address: NEW Registered Office Address: 3350 Mary Street Miami FL 33133

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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: JUSTIN LEVINE Printed or typed name of signor

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 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 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.

Signature of Registered Agent

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

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