Document Number Only 45000000747 C T Corporation System Requestor's Name 660 Fast Jefferson Street 600002945146--9 -07/29/99--01056--011 Address ****665.00 *****35.00 32301 Tallahassee, FL Phone State City CORPORATION(S) NAME () Merger () Profit () Amendment () NonProfit () Limited Liability Company () Mark () Dissolution/Withdrawal () Foreign () Other () Annual Report Change of R.A. () Limited Partnership () Reservation () Fictitious Name () Reinstatement () Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem Pick Up () Call When Ready () Will Wait Walk In (´)`Mail Out PLEASE RETURN EXT Name FILE STAN 7/29 Availability THANKS Document Connie Examiner 77

Updater Verifier

Acknowledgment

W.P. Verifier

Florida Department of State, Sandra B. Mortham, Secretary of State

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

	116 or 608.508, Florida Statutes, the undersigned limited of the State of Florida
liability company organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the limited liability company is: R.A.C. 103J L.C.	
1c. Date of filing/registration in Florida: 10	/02/95 Document number: <u>L95000000747</u>
2. The name and address of the current regis	
Nancy Ryan	29 ANN ASSE
10800 Biscayne Blvd., Pent	
Miami, Florida 33161	
3. The name and address of the new registered	ed agent and office: (P.O. BOX NOT ACCEPTABLE)
CT CORPORATION SYSTEM	· · ·
1200 South Pine Island F	oad
Plantation, FL 33324	
of the registered agent will be identical. Such change was authorized by affirmative v	et address of the registered office and the business office ote of a majority of the members of the limited liability organization or the regulations of the limited liability
Todd E. Doyle, Secretary (Printed or typed name and title)	<u>-</u>
Having been named as registered agent an limited liability company, I hereby accept to in this capacity. I further agree to complete	nd to accept service of process for the above stated he appointment as registered agent and agree to act y with the provisions of all statutes relative to the ties, and I am familiar with and accept the obligation
CT CORPORATION/SYSTEM	
W. Alexandrand	
(Signature of Registered Agent) Division of Corporations, I	P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

INHS18(3/95)

(FL015 - 6/23/98)