Document Number Only 600000/2/7 C T Corporation System Requestor's Name 660 Fast Jefferson Street 300002945143--9 Address 32301 -07/29/99--01056--011 Tallahassee, FL ****665.00 *****35.00 Phone Zlp State Cltv 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 () Photo Copies () Certified Copy () After 4:30 Call if Problem 🌣 Pick Up () Call When Ready () Will Wait ⇔ Walk In () Mail Out PLEASE RETURN EXTRA COPY(S) Name 7/29 FILE STAMPED Availability 77 Document Examiner Updater Verifier

Acknowledgment

W.P. Verifler

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

Pursuant to t	the provisions of sections 608.416 co cany organized under the laws of the	or 608.508, Florida Statutes, the undersigned limited state of Florida
submits the fo the State of F	ollowing statement in order to chang	ge its registered office or registered agent, or both, in
1a. The name of the limited liability company is: R.A.C. 107J L.C.		
	ing address of the limited liability co	ompany is: Corporate Tax Dept., 18831 Von
1c. Date of f	iling/registration in Florida: 11/15,	Document number: <u>L96000001217</u>
2. The name	and address of the current registered	I agent and office:
	Nancy Ryan	·
	10800 Biscayne Blvd., Penthou	se
	Miami, Florida 33161	
3. The name	CT_CORPORATION_SYSTEM	gent and office: (P.O. BOX NOT ACCEPTABLE)
	1200 South Pine Island Road	
	Plantation, FL 33324	
of the register Such change company or company. K00 K00 R0 By:	red agent will be identical. was authorized by affirmative vote as provided in the articles of orga	of a majority of the members of the limited liability nization or the regulations of the limited liability -July 15, 1999 (Date)
(Prin	yle, Secretary ted ortyped name and title)	
limited liab in this cap proper and	pility company, I hereby accept the a	o accept service of process for the above stated appointment as registered agent and agree to act ith the provisions of all statutes relative to the and I am familiar with and accept the obligation
^ -	ATION SYSTEM	7-27,99
(Sign	nature of Registered Agent)	(Date)
(2.5		Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

INHS18(3/95)

(FL015 - 6/23/98) . .