CFRA, LLC

Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730

MAILING ADDRESS: P.O. BOX 3239

September 19, 2002

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Registered Agent Statements of Change

Gentlemen:

Please find enclosed statement of change for the registered agents of Allied Convention Service, Inc., and MPIB, Limited Liability Company. Also enclosed is Carlton Fields' Check No. 301514 in the amount of \$60.00 for the filing fee.

Very truly yours,

Administrative Assistant

ifb

Enclosures

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.

1. The name of the limited liability company is: MPIB Limited Liability Company.	
2. The mailing address of the limited liability company i	s: 602 Front Street
Celebration, FL 34747	
8/11/98	L98000001403
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered off	ice address as shown on the records of the
Florida Department of State:	
Name	2 Courlton Fields
255 South Orange Address	e Ave Ste 1600
Orlando FL 3 City, State an	, 2801
6. The name and address of the new registered agent and	or office:
CFRA LLC	· · · · · · · · · · · · · · · · · · ·
One Harhous PL 77	7 5. Harbour Isl Blud, Ste 500
Florida street address (P.O. B	
Tampa FL	33602
City, State and	Zip
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 and the business office of the registered agent will be identified in the change of the registered agent will be identified in the change of	itical. Or, in the case of a Florida limited
liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise).	ise provided in the articles of organization or
the operating agreement of the limited liability company.	O2 8
Signature of a member or authorized representative of a member)	— ———————————————————————————————————
Par Pa Consular	888
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p	agree to act in this capacity. I further agree to roper and complete performance of my duties.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 508, F.S. Or, if this document is being filed to maddress, hereby confirm that the limited liability compa	osition as registered agent as provided for in erely reflect a change in the registered office
(Signardic of Registered Agent) Division of Corporations, P.O. Box 6	327 Tallahassee FI 32314 Vice President
► Division of Corporations, P.O. Boy 6	327 Tallahassed FL 32314

INHS18(10/99)

FILING FEE: \$25.00