## 000/806 THE UNITED STATES

ACCOUNT NO.

072100000032

REFERENCE

318096 7181283

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 23, 1999

ORDER TIME: 3:27 PM

**CORPORATION** 

ORDER NO. : 318096

000002940660--0 -07/26/99--01001--022

\*\*\*\*\*35.00 \*\*\*\*\*35.00

CUSTOMER NO: 7181283

CUSTOMER: Mr. Myer Feldman

Law Office Of Myer Feldman

1250 24th Street, N.w.

Washington, DC 20037

CHANGE OF AGENT

NAME: 269, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

## 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 unaliability company submits the following statement in order to change its registered off agent, or both, in the state of Florida.	lersigned limited ice or registered
1. The name of the limited liability company is: 269, LLC.	<u> </u>
2. The mailing address of the limited liability company is: 138 NORTH COUNTY ROAD	·.
PALM BEACH, FLORIDA 33480	<u> </u>
MAY 13, 1999	·
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the rec Florida Department of State:	cords of the
LIST MANAGEMENT COMPANY, INC.	
Name	بيد نيا
138 NORTH COUNTY ROAD	
Address	99
PALM BEACH, FLORIDA 33480	
City, State and Zip	F1L
6. The name and address of the new registered agent and/or office:	
Corporation Service Company	AH IO:
Name  1201 Havs Street -	: 12
	N
Florida street address (P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
City, State and Zip	•
If the limited liability company is not organized under the laws of the State of Floronfirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized by an a majority of the members of the limited liability company or as otherwise provided organization or the regulations of the limited liability company.	a Florida limited
(Signature of a member or authorized representative of a member)	
(Signature of a member or authorized representative of a member)	
James A. Feldman	
(P) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	I from a come to -
I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete perform and I am familiar with and accept the obligations of my position as registered document is being filed to merely reflect a chance in the registered office address. I have limited liability company has been notified in writing of this change.	ance of my duties, agent. Or, if this tereby confirm that

(Signature of Registered Age // Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00