· · · · · · · · · · · · · · · · · · ·	Michael J. Requester's Name	Freeman		58	59
	P. O. BOX 140668 CORAL GABLES, FL	33114-0668	-		_

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1					
(0	Corporation Name)	(Document #)			
2		<b>1000046863014</b> -11/16/0101114001			
(0	Corporation Name)	(Document #)	******50.00 *****25.00		
3.					
(0	Corporation Name)	(Document #)			
4(0	Corporation Name)	(Document #)	<u> </u>		
<b>W</b> alk in	Pick up time		Certified Copy		
Mail out	🔲 Will wait	Photocopy	Certificate of Status		
NEW FILINGS	<u> </u>	AMENDMENTS	: · ·		
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>		<ul> <li>Amendment</li> <li>Resignation of R.A., C</li> <li>Change of Registered</li> <li>Dissolution/Withdraws</li> <li>Merger</li> </ul>	Agent		
<b>OTHER FILIN</b>	<u>IGS</u>	<b>REGISTRATION/QUAL</b>	AFICATION		
<ul> <li>Annual Rep</li> <li>Fictitious N</li> </ul>		<ul> <li>Foreign</li> <li>Limited Partnership</li> <li>Reinstatement</li> <li>Trademark</li> <li>Other</li> </ul>	11/20		
		E	Examiner's Initials		
CR2E031(7/97)					

## 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	d liability company is: <u>SIMON INTERNATIONAL, L.L.C.</u>						
2. The mailing address of	f the limited liability company is :418 Candia Avenue						
	Coral Gables, FL 33134						
August 4, 1999	L9900005859						
3. Date of filing/registrati	ion in Florida 4. Document number						
5. The name of the registe Florida Department of S	ered agent and the registered office address as shown on the records of the State:						
-	Hùgh V. Simon, Jr.						
	Name						
	5186 NW 106 Avenue Address Miami, Florida 33178	··· ···					
	City, State and Zip						
6. The name and address of	of the new registered agent and/or office:						
	Marlinda Simon						
	418 Candia Avenue	-					
Florida street address (P.O. Box NOT acceptable)							
	Coral Gables, FL 33134						
	FL City, State and Zip						
If the limited liability con	npany is not organized under the laws of the State of Florida, it is hereby						
and the pushess office of	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 here the members of the limite	reby confirmed that the change(s) was/were authorized by an affirmative vote of ed liability company or as otherwise provided in the articles of organization or						
the operating agreement-	of the limited liability company.						
HA	minten						
(Signature of a member or author	rized representative of a member)						
Hugh V. Simon,	Jr. (former member) Marlinda Simon (new men	(ber)					
(Printed or typed name of signee)	)						
H-12	pintment as registered agent and agree to act in this capacity. I further agree to ns of all statutes relative to the proper and complete performance of my duties, nd accept the obligations of my position as registered agent as provided for in this document is being filed to merely reflect a change in the registered office n 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** 

INHS18(10/99)

...

.