**CT** CORPORATION SYSTEM

CORPOR	ATION(	S) NA	5 N/T
CONFOR	MILLE	או נפ	TIATE

Opera Garage, LLC

## 199000000458

() Profit () Nonprofit	() Amendment	() Merger	SECRE	00 DEC	
() Foreign	() Dissolution/Withdrawal	() Mark	SS:	C 21	APPR FII
() Limited Partnership () LLC	() Reinstatement () Annual Report () Name Registration () Fictitious Name	() Other Change of RA () UCC	Y WE STAI	PM 3: 0	mē ĝ
() Certified Copy	() Photocopies	() CUS	D	1	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up			
Name Availability Document	12/21/00	Order#: 2263204			
Examiner Updater	<del>.</del>	Ref#:		÷	
Verifier W.P. Verifier		Amount: \$			

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 303510501--3 -12/21/00--01055--005 \*\*\*\*\*\*25.00 \*\*\*\*\*25.00 \*\*\*\*\*\*25.00 \*\*\*\*\*\*25.00

## 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.

agent, or both, in the State of Florida.	
1. The name of the limited liability co	mpany is: Opera Garage. LLC
2. The mailing address of the limited	iability company is: C/O RSVP Metropolitan PArking, L.L.C.
333 Earle Ovington Drive, Suite 1030, Union	dale NY 11553
October 6, 1999	L9900006458
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent an Florida Department of State:	i the registered office address as shown on the records of the
Traurig Greet	berg, P.A.
	Name
1221 Brickell	Avenue, Suite 2100
<del></del>	Address
Miami, FL 33	131
	City, State and Zip
6. The name and address of the new re	City, State and Zip  gistered agent and/or office:  on System  Name  e Island Road  City, State and Zip  ANGRAP  ANGRA
C T Corporati	on System
	Name System System System System System System System Span Span System Span System Span System Span Span Span Span Span Span Span Span
1200 South Pi	e Island Road
Florida str	eet address (P.O. Box NOT acceptable)
Plantation	FL 33324 City, State and Zip
	City, State and Zip
confirmed that after the change or char and the business office of the registere liability company, it is hereby confirm	organized under the laws of the State of Florida, it is hereby ages are made, the Florida street address of the registered office d agent will be identical. Or, in the case of a Florida limited ed that the change(s) was/were authorized by an affirmative vote of mpany or as otherwise provided in the articles of organization or liability company.
Span RM	
(Signature of a member or authorized representative	e of a member)
240000 1000	
SHARON LOTH (Printed or typed name of signee)	<del>- Company of the Com</del>
I hereby accept the appointment as recomply with the provisions of all statu and I am familiar with and accept the Chapter 608, F.S. Or, if this documen address, I hereby confirm that the limit of CT CORPORATION SYSTEM	gistered agent and agree to act in this capacity. I further agree to les relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in the seing filed to merely reflect a change in the registered office ted liability company has been notified in writing of this change.

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

INHS18(10/99)

(Signature of Registered Agent)