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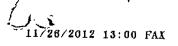
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11/26/2012



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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. Nar	re of the limited liability company: Lucome Investments, L.	L.C.		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	4101 Collins Avenue Mrami Beach, FL 33140		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4333 Collins Avenue, Executive Office Minmi Beach, FL 33140	3	
11/1/1998	· · · · · · · · · · · · · · · · · · ·	L99000007399	12 TAIL	
		4. Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sture:			
	Registered Agent:	Jeffrey S. Tanen, Esq.	FIG. E 1	
	Registered Office Address:	2 S. Biscayne Boulevard Ste 3700 Miami, FL 33131	7:50	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	NEW Registered Agent:	Susan E. Trench, Esq.		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Arnstein & Lehr LLP 200 So. Biscayne Blvd, Suite 3600 Miami	FL 33131	
confire and the liabilith the me the ope	mited liability company is not organized under the land that after the change or changes are made, the Fl business office of the registered agent will be idented company, it is hereby confirmed that the change(s) nbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a l was/were authorized by	e registered office Florida limited an affirmative vote of	
Signatu	of a member or authorized representative of a member			
1				
I here compo- and I i Chapi- addres	or typed name of signee by accept the appointment as registered agent and a with the provisions of all statules relative to the pri- m familiar with and accept the obligations of my po- w-608, F.S. Or of this accument is being filed to me s, I hereby confirm that the limited liability company e of Registered Agent	gree to act in this capacit iper and complete perfori sition as registered agent rely reflect a change in th has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE; \$25.00

INHS13 (05/08)