Requester's Name STEEL HECTOR & DAVIS LLP 200 SOUTH BISCAYNE BOULEVARD C MIAMI. FLORIDA 33131-2398 Office Use Only

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

1.	(Corporation Name)	(Document #)	900004456 -07/02/010 *****25.00	795 7100026 *****25.00
2	(Corporation Name)	(Document #)		
3	(Corporation Name)	(Document #)	<u>.</u>	- · · - · · · · · · · · · · · · · · · ·
4 Walk in Mail out	(Corporation Name) Pick up time Will wait	(Document #)	Certified Copy Certificate of Status	*
NEW FILING Profit Not for Profit Limited I Domestic Other	GS rofit .iability	AMENDMENTS Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw Merger	DIV JON OF CORP TALLAHAS CORP Officer/Direct E, Agent	
OTHER FILL Annual R Fictitious	eport	REGISTRATION/QUAL Foreign Limited Partnership Reinstatement Trademark Other		· · · · · · · · · · · · · · · · · · ·

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 lin	nited liability con	mnany ice	OUGLAG DOAD DADWIN	·
2. The mailing address				
				iore prive .
Suite 1000, Miam	i, Fl 33133			- · · · · · · · · · · · · · · · · · · ·
3/22/2000			M000000055	54
3. Date of filing/registr	ration in Florida		4. Document	number
5. The name of the regi Florida Department of	stered agent and of State:	the registered	office address as show	n on the records of the
	VALDES <u>+</u> FI	AULI CORBORA Nam	TE SERVICES, INC.	en e
	2 S. Bisc	cayne Blvd., Addr e	Suite #3400	_ ·
	Miami, Fl			<u>0</u>
		City, State	and Zip	- 7V 2001
6. The name and addres	s of the new reg	istered agent a	nd/or office:	
	RJVF Corpor	ate Service:	s, Inc.	ASSSE -2
	200 0 5:	Name		
		ayne Blvd.,		
	r fortda street	t address (P.O.	Box NOT acceptable)	ED PM 12: 48 PM 12: 48 PRORATION EE, FLORIDA
	Miami	FL	33131	ANS
		City, State a	nd Zip	<u>-</u>
of the members of the li or the operating agreeme	change or chang of the registered ereby confirmed mited liability continued of the limited	es are made, the agent will be in that the change ompany or as of liability comp	ne Florida street addres dentical. Or, in the cas ge(s) was/were authoriz otherwise provided in t	F Florida, it is hereby s of the registered office e of a Florida limited ted by an affirmative vote he articles of organization
(Signature of a member or auth	orized representative	of a member)		
LUI'S ATA	MIL -MEM	18470		
(Frinted of typed name of signe	e)		·	•
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	í		d agree to act in this con proper and complete proper and complete propertion as registered merely reflect a change any has been notified in	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.
(Present of McRisteren vigerit)	Kaup J. Vald	es-rauli		

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