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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
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Office Use Only	



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SECNLIANT OF SAME TALLAHASSEE, FLORIC



July 15, 2003

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

> 3M's Of City Place, LLC Re:

Doc# M 00000000609

Form: INHS18

Dear Sir/Madam:

We are the accountants for the above named taxpayers and are enclosing on its behalf the above referred to form. Also enclosed is check #12612 in the amount of \$25.00.

Very truly yours,

BERDON LLP

Cert. R.R.R.

91 7108 2133 3930 3034 4439

Reply to: 360 Madison Avenue New York, NY 10017 Ph: 212.832.0400

One Jericho Plaza Jericho, NY 11753 Ph: 516.931.3100 Fax: 516.931.0034

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.

ugent, or both, in the State of Provide.
1. The name of the limited liability company is: 3 m's of City Place LLC
2. The mailing address of the limited liability company is: 344 Plaza Real
Boca Raton, FL 33432
03/30/2000 900000000000000000000000000000000
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 records of the Florida Department of State: Corporation Service Company Name
Address Tallahassee, FL 32301-25255 City, State and Zip 6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
John Hart Name 344 Plaza Real Florida street address (P.O. Box NOT acceptable)
BOCA RAton FL 33432 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member of authorized representative of a member)
Michael Freundlich (Printed or typed name of signee)
(i times of types name of signes)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amfunition with and accept the obligations of my position as registered agent as provided for in Chapter file, FS. Or, if this document is being filed to merely reflect a change in the registered office address. Therefore address, therefore the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

FILING FEE: \$25.00