M00000000000

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OL OCT 28 AM IO: 19
TALLAHASSEE, FLORIDA

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.

,,	-9 -					
1. The name of the limite	d liability company is:	Elston/Le	etsdale, LLC			
2. The mailing address of				Road, St	e. 60	0
Miami Beach, Florida 3						_
4/20/00			M00000000807			
3. Date of filing/registrati	on in Florida		4. Document number	er		
5. The name of the registe Florida Department of S	red agent and the registo State: Pam Pearce	ered office	address as shown on	the records	of the	e
- • •	1200 Brickell Avenu	Name ie, Ste. 15	00		0 40	
	Miami, FL 33131	Address State and Z	ip .	AHASSEE, FLORIDA	04 OCT 28	- CALLES
6. The name and address of	of the new registered age	ent and/or o	office:	m _C	AH IO:	
	Pam Pearce			85.	61:0	J
	801 Arthur Godfrey	lame Road, Ste	. 600	DA.	9	
• · · · · · · · · · · · · · · · · · · ·	Florida street address	(P.O. Box	NOT acceptable)			
	Miami Beach	FL 3313	1	-		
• • • •	City, St	tate and Zip) 			
If the limited liability comeonfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	nange or changes are ma the registered agent will be confirmed that the d liability company or a	ade, the Flo ll be identic change(s) v is otherwise	rida street address of al. Or, in the case of	the register a Florida l	red of imited	1
(Signature of a member or authori	zed representative of a member	r)	-			
Stephen H. (Printed or typed name of signce)	Bother, May	<u> </u>				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or if the address, I hereby confirm	ntment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	gent and agi to the prop of my posi iled to mere y company i	ree to act in this capa per and complete perf tion as registered age ly reflect a change in has been notified in w	city. I furt ormance o ent as prov the regist oriting of th	her ag f my a ided fo ered o vis chò	rree to luties, or in ffice inge.

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

INHS18(10/99) FILING FEE: \$25.00