MUUUUU0001347

| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Ac | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | isiness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE

900444 5168766

AUTHORIZATION

COST LIMIT

25.00

ORDER DATE: September 24, 2004

ORDER TIME : 1:33 PM

ORDER NO. : 900444-175

CUSTOMER NO: 5168766

CUSTOMER: Ms. Lisa Schwartz.

Greystone & Co., Inc.

60th Floor

152 West 57th Street New York, NY 10019

CHANGE OF AGENT

NAME: GREENBRIAR NH, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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 limited liability company is | is: <u>Greenbriar NI</u> | H, L.L.C. | |
|--|---|---|--|
| 2. The mailing address of the limited liability | company is: <u>c/o</u> | Greystone & Co. | ., Inc. |
| 152 West 57th Street, 60th Floor, New Y | York, NY 10019 | | |
| 07/07/00 | ; | M00000001347 | |
| 3. Date of filing/registration in Florida | | 4. Document nun | nber |
| 5. The name of the registered agent and the re Florida Department of State: | gistered office ad | ldress as shown c | on the records of the |
| CT Co | orporation Systen | <u>n</u> | 5 0 |
| | Name | | |
| 1200 S | outh Pine Island | Road | O4 OCT -1 |
| | Address | | 20- |
| | ntation, FL 33324 | 4 | SE |
| Cit | y, State and Zip | | |
| 6. The name and address of the new registered | d agent and/or off | fice: | 7: 47 7: 47 FLORIT |
| Corpor | ation Service Cor | mpany | 当計し |
| | Name | | > |
| | 201 Hays Street | | * n. |
| Florida street addre | ess (P.O. Box N C | T acceptable) | |
| <u>Tallahassee</u> | <u>FL</u> | 32301 | - |
| Cit | y, State and Zip | | |
| If the limited liability company is not organiz confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability. | ed under the laws e made, the Floric will be identical the change(s) wa or as otherwise p y company. | s of the State of F da street address of the case of t | lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote of ticles of organization or |
| (Signature of a member or authorized represe | ntative of a meml | ber) | |
| David Witt, Authorized Person | | | |
| (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered comply with the provisions of all statutes rela and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is bein address, I hereby confirm that the limited liab | tive to the proper ions of my positic g filed to merely | · and complete pe on as registered a reflect a change . | erformance of my duties, agent as provided for in in the registered office |
| Marqueline M. Cule | | | |
| (Signature of Registered Agent) | | | |
| Division of Corporations, | P.O. Box 6327, | Tallahassee, FL | 32314 |

INHS18(10/99)

FILING FEE: \$25.00