M0000001356

| (R | equestor's Name) | |
|-------------------------|---------------------|-----------|
| (A | ddress) | |
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| (A | ddress) | <u></u> |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nan | ne) |
| | | |
| (D | ocument Number) | ····· |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | D/ | |





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SECREDENT OF STATE TALLAHASSEE, FLORIDA

O4 DOT -4 AND 47
DIVISION OF CONFORMICH



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: September 24, 2004

ORDER TIME : 9:06 AM

ORDER NO. : 900444-330

CUSTOMER NO: 5168766

CUSTOMER: Ms. Lisa Schwartz.

Greystone & Co., Inc.

60th Floor

152 West 57th Street New York, NY 10019

CHANGE OF AGENT

NAME: PALM COURT 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: Pal | m Court NH, L.L.C. |
|--|--|
| 2. The mailing address of the limited liability compa | my is: c/o Greystone & Co., Inc. |
| 152 West 57th Street, 60th Floor, New York, 1 | NY 10019 |
| 07/07/00 | M0000001356 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and the registered Florida Department of State: | AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA |
| CT Corpora Na | 1 1 |
| | |
| Add | |
| | FL 33324 RDF 5 |
| City, Stat | |
| 6. The name and address of the new registered agent | and/or office: |
| Corporation S | ervice Company |
| Na | ne |
| 1201 H | avs Street |
| Florida street address (P. | |
| | L 32301 |
| City, State | • |
| If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chat the members of the limited liability company or as of the operating agreement of the limited liability comp | er the laws of the State of Florida, it is hereby, the Florida street address of the registered office e identical. Or, in the case of a Florida limited inge(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or any. |
| O with | · · · · · · · · · · · · · · · · · · · |
| (Signature of a member or authorized representative | of a member) |
| David Witt, Authorized Person | |
| (Printed or typed name of signee) | |
| I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co | ine proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office |
| Marquelene M. Culit | |
| (Signature of Registered Agent) | _ |
| Division of Corporations, P.O. B | ox 6327, Tallahassee, FL 32314 |

FILING FEE: \$25.00

INHS18(10/99)