

M010000001066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

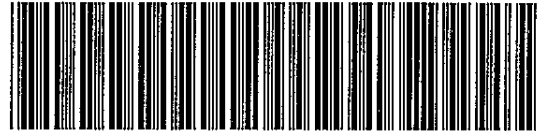
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600025631086

FILED
JAN 20 PM 2:24
TALLAHASSEE, FLORIDA

RECEIVED
04 JAN 20 AM 8:36
DIVISION OF CORPORATION

Handwritten signature



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 394570 7412037
AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 25.00

ORDER DATE : January 13, 2004

ORDER TIME : 11:40 AM

ORDER NO. : 394570-400

CUSTOMER NO: 7412037

CUSTOMER: Ms. Sheri Clarke
Coast Asset Management L.p.
Suite 100, East Tower
2450 Colorado Avenue
Santa Monica, CA 90404

FILED
JUN 20 PM 2:24
04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: MAPLE ASSET MANAGEMENT L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

**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: MAPLE ASSET MANAGMENT L.L.C.
2. The mailing address of the limited liability company is : _____
2450 Colorado Ave., Suite 100, Santa Monica, CA 90404

3. Date of filing/registration in Florida May 11, 2001
4. Document number MO1000001066

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
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.

Blanca Lozada
(Signature of a member or authorized representative of a member)

Blanca Lozada, Attorney in Fact
(Printed or typed name of signee)

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jacqueline M. Giles
(Signature of Registered Agent) Jacqueline M. Giles, Asst. Vice Pres,

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