m03000000374

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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ACCOUNT NO.	: 072100000)32	750 O				
REFERENCE	: 970179	4319480	CAN LE				
AUTHORIZATION			128 128 128 128 128 128 128 128 128 128				
COST LIMIT	: \$ 25.00	red -	E.F. F.				
ORDER DATE : June 27, 2007		· 	JATE PORIOR				
ORDER TIME : 9:17 AM							
ORDER NO. : 970179-450							
CUSTOMER NO: 4319480							
CHANGE OF AGENT							
NAME: CLINTON HILL	EQUITIES LLC						
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY PLAIN STAMPED COPY	PROOF OF FILI	NG:					
CONTACT PERSON: Doreen Wallace	<u>e</u>						

EXAMINER'S INITIALS:

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.

agent, or both, in the state	eoj r ioriaa.			
1. The name of the limited	d liability company is:	: CLINTON H	ILL EQUITIES	LLC .
2. The mailing address of	the limited liability c	ompany is : _		,
c/o Time Equities,	Inc., 55 Fifth A	venue, 15th	Floor, NY, N	Y 10003
01/28/2003			M03000000374	
3. Date of filing/registration in Florida 4. Document number			ımber	
5. The name of the registe Florida Department of S		stered office a	iddress as showr	on the records of the
	NRA	I Services,	Inc.	
		Name	•	- 75 O
	2731 Executiv	e Park Driv	e, Suite 4	THE T
		Address		FORE I
		on, Fl 3333		29 1AR 1ASS
	City	, State and Zip	o	SSE TIME
6. The name and address of	of the new registered a	gent and/or o	ffice:	PH 2: 30 SEE.FLORI
	Corporatio	n Service C	ompany	9R 30
Name				
	1201	Hays Street		
	Florida street addres	s (P.O. Box N	NOT acceptable)	
	Tallahassee	<u>FL</u>	32301	-
	City, S	State and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member or authorized)	tange or changes are not the registered agent we eby confirmed that the diability company or f the limited liability of the l	nade, the Flori ill be identica e change(s) we as otherwise company.	ida street addres	Florida, it is hereby s of the registered office e of a Florida limited ed by an affirmative vote of articles of organization or
Maureen Cullen, Autho	rized Person			
(Printed or typed name of signee)				
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relativ l accept the obligation his document is being that the limited liabili	igent and agre to the prope is of my positi filed to merel ty company hi	ee to act in this c er and complete ion as registered y reflect a chan as been notified	capacity. I further agree to performance of my duties, a gent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent) S		st. VP		

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

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