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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Na	me of the limited liability company:	ONSOLIDATE	D SL	JPERMA	RKET SUPPLY, L.L.C).	
2. (a) 65 WEST RED OAK LANE		• • •		(b) 65 WEST RED OAK LANE				
. (u	·, .	Principal office address of limited liabili (Note: MUST BE STREET ADD		(υ,	1	Mailing address of limited liabil (Note: MAY BE POST OFF		
		WHITE PLAINS, NY 10604			WHITE	PLAINS, NY 10604		
		03/28/2003			M0300 <u>00</u>	001007		
3.		Date of filing/registration in Fl		4.		Document number		
5. (a)	UNITED CORPORATE SERVIC	ES, INC.			_,		
·		Registered Agent and Registered Office shown of 9200 SOUTH DADELAND BLVE		ীorids	Dept. of Stat	e:	艺游	28.5
	Registered Office Address (MUST BE FLORIDA STREET ADDISONAL SUITE 508					上		
		MIAMI	, _{FL} 33	156		_		8
(b)	Corporate Creations Network Inc				_	FLOR	至 99
		Enter name of NEW Registered Avent and/or P	EW ROSBINISH DIE	icc su	11.533;		Sm	90
		11380 Prosperity Farms Road #	221E			_		
		NEW Registered Office Address:			,			
		Palm Beach Gardens	, FL 33	410		-		
the c agen was/	ha t v we	mited liability company is not organized nige or charges are made, the Florida strail be printical. Or, in the case of a Florized by an affirmative vote of cless of organization or the operating agr	cct address of the rida limited liabil he members of th	registive control in the control in	tered offic mpany, it i ited liabilit iability cor	e and the business office of a hereby confirmed that the company or as otherwise appany.	of the registe ne change(s)	red
	_			Kris	tine Dura	an, Attorney-in-Fact		
_		ure dia member or althorized representative of a			_	Printed or typed name of sign		_
I her provi	rel isi bl	or actement a profinite of a registered one of all statutes relative to the proper izations of all statutes relative to the proper izations of the proper izations of the proper in the registered affiliation writing of this change.	agent and agree t and complete per int as provided fö ce address, I here	to act form ir in C eby co	in this cap ince of nty Thapter 60: Infirm that	acity. I further agree to c duties, and I am Jamiliar 5, F.S. Or, if this docume the limited liability comp	comply with t with and acc nt is being fil any has been	the tept lød t
		// NISUR	Duran, Specia	il Se	cretary			
Sigm	etu:	e of Registered agent						
		Division of Carpora	tions • P.O. Box FILING FEE:			ssee, FL 32314		