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EXAMINER



ACCOUNT NO. : 072100000032 REFERENCE 442029 7364731 COST LIMIT ORDER DATE: February 12, 2008 ORDER TIME : 9:24 AM ORDER NO. : 442029-020 CUSTOMER NO: 7364731 CHANGE OF AGENT NAME: THE WINDSONG LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Cindy Harris

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.

3					
1. The name of the limited lia	ability company is:	THE WINDSO	ONG LLC	·	
2. The mailing address of the	limited liability c	ompany is:			
7772 Fisher Island Drive, Miami, I	FL 33109				
July 30, 2004		-	M04000003053		
3. Date of filing/registration	m Florida	4	4. Document nur	nber	
5. The name of the registered Florida Department of State		stered office a	ddress as shown	on the records of the	
	NR/	AI Services, Inc.			
		Name			
	Delaney Corporate Se		Street, Suite 405		
Address 755 8					
Albany, NY 12207 City, State and Zip					
	City,	, State and Zip		ET D	
6. The name and address of the new registered agent and/or office:					
Address Albany, NY 12207 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name 1201 Hays Street					
4		Name		1. S. J.	
		1 Hays Street		至 2	
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability compar confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limiter or the operating agreement of	ge or changes are no registered agent we confirmed that the liability company the limited liability	nade, the Flori vill be identical e change(s) way or as otherwity company.	da street address l. Or, in the case as/were authorize	of the registered office of a Florida limited d by an affirmative vote	
(Signature of a member or authorized r	epresentative of a memb	per)			
(Printed or typed name of signee)	god m)			
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.					
(Simon Paris de la Contraction	a Queppet, AVP				
٥,,,,	/hh				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00