Division of Corporations

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## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE GLOBAL MIAMI HOLDING COMPANY, LLC

| Certificate of Status | 0       | i ji kur  | 78               |     |
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Electronic Filing Menu

Corporate Filing Menu

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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.

| (a)         | 4 EMBARCADERO CNTR, STE 3200   | ARCADERO CNTR, STE 3200 (b) 4 EMB |   |  |   |                        |  |  |
|-------------|--|-----------------------------------|---|--|---|------------------------|--|--|
| •           | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |                                   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |   |                        |  |  |
|             | SAN FRANCISCO, CA 94111  |                                   | SAN FE  |  | NCISCO, CA 94111                            |                        |  |  |
|             |  |                                   |   |  |   |                        |  |  |
|             | 10/22/2004   |                                   | M040000   | 004543   |   |                        | <del></del> -                            |  |
|             | Date of filing/registration in Florida   | <b>-</b><br>4.                    |   | Document   | number                                      |                        |  |  |
| (a)         | CORPORATION SERVICE COMPANY  |                                   |   |  |   |                        |  |  |
| (a)         | Registered Agent and Registered Office shown on the records of   | he Flori                          | da Dept. of Stat                                    | _<br>re:   |   |                        |  |  |
|             | 1201 HAYS STREET   |                                   | •   |  |   |                        |  |  |
|             | Registered Office Address MUST BE FLORIDA STREET   | IDDRE.                            | \$52  |  |   | `                      |  |  |
|             |  |                                   |   |  |   |                        |  |  |
|             | TALLAHASSEE FL   | 3230                              | 1-2525  | <b>-</b><br>-  | 174<br>274                                  | 26:52                  |  |  |
| (b)         | NRAI SERVICES, INC.  |                                   |   | <u></u>  | CRETARY                                     | 725<br>725<br>226      | 77                                       |  |
|             | Enter name of NEW Registered Agant and/or NEW Registered   | Office s                          | ddress:   |  | SR  |                        | r-                                       |  |
|             | 1200 SOUTH PINE ISLAND ROAD  |                                   |   | _  |   | <b>→</b>               | M  |  |
|             | NEW Registered Office Address:   |                                   |   | <del>-</del>   | F STATE<br>FLORIDA                          | <b>့</b>               | Ō  |  |
|             | PLANTATION ,FL   | 3332                              | 4   | <del></del>  |   | -                      |  |  |
| che<br>nt v | imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of cles of organization of the operating agreement of the | the regability of the limited     | gistered offic<br>company, it is<br>mited liability | e and the buis hereby conty company.  S, SENIOR V                            | siness of offirmed to or as other officers. | fice of i<br>hat the e | the register<br>change(s)<br>vrovided in |  |
| gna         | ture of member of authorized representative of a member  |                                   |   | Printed or ty  |   | of signee              |  |  |
|             | by accept the appointment as registered agent and agr<br>ions of all statutes relative to the proper and complete<br>igations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I  | ea to d                           | ct in this cap<br>nance of my                       | acity, I furt<br>duties, and   | h <b>e</b> r agre<br>Lam Jam                | e to con<br>iliar wi   | nply with the                            |  |

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