M04123

Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

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G. COULLIETTE MAY 2 5 2000

Thank You!

DIVISION OF CORPORATIONS .

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State ofFlorida |
|--|
| 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 corporation is: RELATED RONEY PLAZA, INC. |
| 1. The hame of the corporation is |
| 2. The mailing address of the corporation is: 625 Madison Avenue |
| New York, New York 10022 |
| 3. Date of incorporation/qualification: 8/17/84 Document number: M04123 |
| 4. The name and address of the current registered agent and office: |
| Jorge M. Perez |
| 2828 Coral Way, Penthouse PH-1 |
| Miami, Fl. 33145 |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) |
| C T Corporation System |
| 1200 South Pine Island Road |
| Plantation, Florida 33324 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. |
| aen Humi 3/17/00 |
| (Signature of an officer, chairman or vice chairman of the board) (Date) |
| Executive Vice President |
| (Printed or typed name and title) |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent. |
| () mate / () mg |
| (Signature of Registered Agani). ((Date) |
| f signing on behalf of an entity: Jonathan R. Gktclings Assistant Secretary |
| (Typed or Printed Name) (Capacity) |
| * * * FILING FEE: \$35.00 * * * |
| P2F045/7/97) |

P.O. Box 6327

TALLAHASSEE, FL 32314