M06000001543

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ION SERVICE COMPANY.							
ACCOUNT	NO. :	072100000	032	•			
REFER	ENCE :	744217	4336482	•			
AUTHORIZA	TION :		,	. 9			
COST L	IMIT :	\$\\\ 25.00	enan	ALCON THE			
ORDER DATE : February 5,	2007			ARTON OF			
ORDER TIME : 11:48 AM				· (0/7)			
ORDER NO. : 744217-040			•	Alle			
CUSTOMER NO: 4336482				,			
CHANGE OF AGENT							
NAME: 4801 CON	GRESS L	LC					
PLEASE RETURN THE FOLLOWIN	NG AS P	ROOF OF FIL	ING:				
CERTIFIED COPY XX PLAIN STAMPED COP	Y						
CONTACT PERSON: Doreen W	allace						
	EXAM:	INER'S INIT	IALS:				

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	e of rioriaa.			
1. The name of the limite	d liability company i	s: 4801 CONG	RESS LLC	·
2. The mailing address of	the limited liability	company is: _		
295 Madison Avenue 2nd Floo	or, New York, NY 1001	7	-	
03/15/2006			M06000001543	
3. Date of filing/registrati	on in Florida		umber	
5. The name of the registe Florida Department of S		gistered office	address as show	n on the records of the
	СТ	Corporation Syste	em	
		Name		-
	1200 S	outh Pine Island I	Road	4 0
•		Address		- PSE T
	Pla	ntation FL 33324	ļ	
	Cit	y, State and Zij	p	
6. The name and address of	of the new registered	agent and/or o	ffice:	SSEE
	Corpora	tion Service Com	pany	بن الله
•		Name	· <u> </u>	- 記。
	12	01 Hays Street		音音
	Florida street addre	ess (P.O. Box N	NOT acceptable)
	Tallahassee	FL	32301	
	City,	State and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	lange or changes are the registered agent beby confirmed that the cited liability compar	made, the Flor will be identica he change(s) way or as otherw	ida street addres al. Or, in the cas as/were authori	ss of the registered office
Signature of a metaber or authoriz	zed representative of a men	nber)		
Philip Pileusky (Printed or typed name of signee)	<u>-</u>	<u> </u>		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relati l accept the obligation is document is being that the limited liabi	agent and agre ive to the prope ons of my posit g filed to merel lity company h	ee to act in this er and complete ion as registered y reflect a chan as been notified	capacity. I further agree to performance of my duties, d agent as provided for in ge in the registered office in writing of this change.

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

(Signature of Registered Agent) Michelle R. Vannoy, Asst. VK