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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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SECRETARY OF STATE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Brookfield Portfolic (Name of Limite	d Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this n	natter to the following:		,
Brian M. Briadeau, Esquire	·	7.	
Law Offices Pollack & Rosen (Firm/Company)	.P.A.	2001 DEC 28 SECRETARY	
31975 US Highway 19 Nor	44	A IO: 1	
Palm Hachor Florida 346 (City/Siate and Zip Code)	84	ALL TO A	
For further information concerning this matter, ple	ease cali:		
Harold Bilodeau at (Name of Person)	203 <u>775-6916</u> (Area Code & Dayt		Jumber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4	
Enclosed is a check for the following amount:			
\$25 Filing Fee	S55 Filing Fee & Cert	ified Copy	

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.

1. The name of the limited liability company is: Brookfield Portfolios, LLC
2. The mailing address of the limited liability company is: 42 Lake Avenue Extension
Scite 297, Oanbury, CT 06.811
Scotember 5, 2006 3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Comparison Co
Name Name Name Name Name Name Name North Florida street address (P.O. Box NOT acceptable) City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member)
Harold Bilodeau (Printed or typed name of signee)
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.

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

(Signature of Registered Agent)