

From:

Division of Corporations

11/16/2007 15:11

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I200000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6083

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

INDYKIN PROPERTIES LLC

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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 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: INDYKIN PROPERTIES LLC
2. The mailing address of the limited liability company is: c/o Kin Properties, Inc.,
185 NW Spanish River Blvd., Suite #100, Boca Raton, FL 33431

July 27, 2007 M07000004489
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:

National Corporate Research, Ltd., Inc.
Name
515 East Park Avenue
Address
Tallahassee, FL 32301
City, State and Zip

6. The name and address of the new registered agent and/or office:

c/o Kin Properties, Inc.
Name
185 NW Spanish River Blvd., Suite #100
Florida street address (P.O. Box NOT acceptable)
Boca Raton, FL 33431
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.

KINSAN MANAGEMENT CORP., managing member
By: [Signature]
(Signature of a member or authorized representative of a member)

Andrew M. Schreier, U.P. & Assistant Secretary
(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.

[Signature]
(Signature of Registered Agent)
Andrew M. Schreier, Executive Vice President

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

INHS18 (8/05)

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