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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.

2. (a)			(b)		
,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1350 AVENUE OF THE AMERICAS, 31st Floor			1350 AV	ENUE OF THE AMERICAS, 31st Floor
	NEW YORK, NY 10019			NEW YORK, NY 19019	
	11/05/2007		Ν	10700000	06575
3.	Date of filing/registration in Florida	- ا	_		Document number
5. (a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of t	he Flori	da i	Dept, of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	<u>5.5)</u>		 . %
	1201 HAYS STREET				_ FE S T
	TALLAHASSEE	32301			T A T A T A T A T A T A T A T A T A T A
(b)	C T Corporation System				TILEURANSELE, FR
(.,)	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u> (Office a	ddr	ess:	TALLAHASSEE, FLORID.
	NEW Registered Office Address:				-· ·
	1200 South Pine Island Road				
	Plantation FL	33324			_
he chai gent w vas/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility o Tthe lit	iste con mit	ered offic ipany, it ed liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	rmes M. Goldrick	Jan	nes	M. Goldr	rick
Signati	ure of a member of authorized representative of a member				Printed or typed name of signee
hereb	y accept the appointment as registered agent and agre ms of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h	e to ac perform for in	et ir nan Ch	r this cap we of my apter 60	pacity. I further agree to comply with the adules, and I am familiar with and accep. 15, F.S. Or, if this document is being filed
he obli o mere otified	ly reflect a change in the registered office address. I he in writing of this change. CT Corporation System	ereby c	con	firm thai	t the limited liability company has been