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REGISTERED AGENT CHANGE

MOUNTAIN TRACE ENTERPRISE LLC

Certificate of Status	0
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EXAMI

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. MOUNTAIN TRACE ENTERPRISE LLC Name of the limited liability company: ______ C/O MILLENNIUM MANAGEMENT 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 10800 BISCAYNE BLVD. STE. 600 MIAM1 FL 33161 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 04/17/2009 MU9000001456 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Deptaof S HEINEY, JACK Registered Agent: C/O MILLENNIUM MANAGEMENT! Registered Office Address: 10800 BISCAYNE BLVD., SUITE 500 MIAMI FL 33161 (b) Enter name of NEW Registered Agont and/or NEW Registered Office address: C T Corporation System NEW Registered Agent:

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 aftirmative 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 niember or puthofized representative of a member

MUST BE FLORIDA STREET ADDRESS)

NEW Registered Office Address:

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to get 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.

CT Corporation System

Signature of Registered Agent

Madonna Cuddiny

1200 South Pine Island Road

Plantation.

FL 33324

Division of Corporations, P.O. Box 6327, Tuliabassee,

FILING FEE: \$25.00

INHS18 (05/08)