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M. SOLOMON

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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.

1. }	Na	ame of the limited liability company: The TwinEagles C	lub, L.	L.C.		
2. (a		245 Park Avenue, 26th Floor		245 Park A	Avenue, 26th Floor	
- . (u	.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		New York, NY 10167	 	New York,	NY 10167	
		06/23/2010		M100000028	829	
3.		Date of filing/registration in Florida	4.		Document number	
5. (a)	C T CORPORATION SYSTEM				
(,	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept. of State:	<u>.</u>	
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	<u>:2)</u>	2024 OC	a inni
		PLANTATION, FL_	33324		723	er sar
(t		Corporate Creations Network Inc.			PH 4: 0	
(0	''	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office	ddress:		ز
		801 US Highway 1				
		NEW Registered Office Address:				
		North Palm Beach , FL	33408			
chan agen was/	ge (w	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of f the li	red office and ompany, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided	l)
,	مر	strella Tavarez	Es	trella Tavarez, /	Attorney-in-Fact	
Siz		ure of a member or authorized representative of a member			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 605, 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 of Registered Agony

Signature of Registered Agony