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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

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Email	Address	 	 	

LLC REGISTERED AGENT CHANGE DAMES POINT PARTNERS I, 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. Name of the limited liability company: DAMES POINT PARTNERS L LLC (a) Principal office address of limited liability company: 950 THIRD AVE STE 3100 (Note: MUST BE STREET ADDRESS) NEW YORK NY 10022 NEW YORK NY 10022 950 THIRD AVE STE 3100 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 08/09/2012 M12000004633 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NRAI SERVICES INC Registered Agent: Registered Office Address: 515 EAST PARK AVE TALLAHASSEE FL 32301 US 2 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: C T Corporation System <u>NEW</u> 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 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 of sutherized representative of a member

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Printed or typed name of signes

Alex trucs

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 lamiliar with and accept the collections 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.

By: C T Corporation System

Signature of Registered Agent

-Assistant Secretary

1200 South Pine Island Road

Plantation

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

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