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O7 MAY 17 PM 2: 12
SECRE PARY OF STATE
ALLAHASSEE, FLORID



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: May 15, 2007

ORDER TIME : 8:53 AM

ORDER NO. : 900656-020

CUSTOMER NO:

7357073

CHANGE OF AGENT

NAME: WATCH HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath

EXAMINER'S INITIALS:

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 limite	d liability company i	s: WATCH HO	OLDINGS, LLC	<u> </u>	
2. The mailing address of	the limited liability	company is:		, <u> </u>	
c/o GE Commercial	Finance, 292 Lon	g Ridge Roa	ad, Stamford, CT	06927	
01/08/1998			м98000000013		
3. Date of filing/registration in Florida			4. Document number		
5. Date of mingregistrati	on in Florida		i. Boodinon nai		
5. The name of the register Florida Department of		gistered office	e address as shown	on the records of the	
	СТ	Corporatio	on System	_	
		Name			
	1200 Sou	th Pine Isl	and Road	*	
		Address			
		ation, FL		- , <u></u>	
	Cit	y, State and 2	L ip	O. SE	
6. The name and address	of the new registered	agent and/or	office:	OT MAY IT PH 12: I SECRETARY OF STATI LLAHASSEE. FLORIC	
	Corporati	on Service	Company	SS	
	Name			H-C	
		. Hays Stre			
	Florida street addr	ess (P.O. Box	NOT acceptable)	TATE ORIDE	
	Tallahassee	FL	32301	. .	
	City	, State and Zi	p		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the operating agreement of the candidate of a member or author (Signature of a member or author)	nange or changes are the registered agent reby confirmed that the diability company of the limited liability Real Estate Equi	made, the Fl will be identi- the change(s) or as otherwise company. ties, Inc.	orida street address cal. Or, in the case was/were authorize se provided in the a	of the registered office of a Florida limited ed by an affirmative vote of	
Nora D. Ryan, (Printed or typed name of signee)	Assistant Secret	ary	_		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes relai d accept the obligati this document is bein that the limited liab		gree to act in this coper and complete p sition as registered rely reflect a chang has been notified i	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.	
(Signature of Registered Agent)	Sylv i a Queppet, <i>P</i>	Asst. VP			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

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