

ACCOUNT NO. : 072100000032

REFERENCE :

929116

4387819

AUTHORIZATION

Patricia

COST LIMIT : \$ 25.00

ORDER DATE : December 12, 2000

ORDER TIME : 2:08 PM

ORDER NO. : 929116-040

CUSTOMER NO: 4387819

CUSTOMER: Sara Weisser, Legal Assistant

Day & Zimmermann 1818 Market Street

Law Department 22nd Floor Philadelphia, PA 19103 Chais

800003502888---

CHANGE OF AGENT

HALL YS L

NAM

AS. V.P.

PLEASE [

FILING:

CERTIFIED

PLAIN STAMPED C

CONTACT PERSON:

Tamara Odom

DR 12/19/00

## 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.

"over or both, in the blu	ue oj Pioriaa.		•	00	- 3.5.0.00
1. The name of the limit	ed liability company is	H.L. YOH	COMPANY LLC	·	
2. The mailing address of					• • • •
	t, Philadelphia, P				
	o, miliadelphia, P	H 13103			
November 13, 1998		<sub>-</sub>	M98000001336	-	T. 4
3. Date of filing/registrat	tion in Florida		4. Document num	mber	<u> </u>
5. The name of the register Florida Department of	ered agent and the regi State:	stered office a	ddress as shown	on the records of	the
	C T Core	poration Sy	- <b>L</b>		
	<u> </u>	Name	stem	-	
	1200 South		2 n		
1200 South Pine Island Road Address				•	and the second second
Plantation, FL 33324				₹.a	_
	City,	State and Zip	<u> </u>		6
6. The name and address		•		Allias	
	Corporation	n Service Co	mnany		57 F
		Name	anto cert À		П
	1201 Hays Street				
•	Florida street address (P.O. Box NOT acceptable)				ب
		7 (1 .O. DOX 14)	or acceptable)	A A	•
•	Tallahassee	FL	32301	-	5-L
	City, S	tate and Zip			
If the limited liability com- confirmed that after the ch and the business office of a liability company, it is here the members of the limited the operating agreement of	the registered agent will be confirmed that the	ll be identical. change(s) was	a street address c	of the registered of	office
(Signature of a male of	Ungen	<del></del>			AM 6 Mary
(Signature of a member or authoriz	ed representative of a member	)			
(Printed or typed name of signee)	avager of Day 8	Zimmorm			· · · · · · · · · · · · · · · · · · ·
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or. if the address, I hereby confirm to (Signature of Registered Agent)	tment as registered ag of all statutes relative accept the obligations is document is being finat the limited liability	ent and agree to the proper of my position led to merely i company has	to act in this cap and complete per a as registered as reflect a change i been notified in v	acity. I further a formance of my ent as provided i n the registered o writing of this ch	gree to luties, for in office ange.
	ATCC LIGSTHELL				

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

INHS18(10/99)

**FILING FEE: \$25.00**