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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. The name of the limited	I liability company is:	Bayview Financial Adv	isory Services, LLC .
2. The mailing address of	the limited liability cor	mpany is: 2665 South I	Bayshore Drive,
Suite 300, Miami			
02/01/99	·	M99000001:	34
3. Date of filing/registration	on in Florida	4. Document nu	mber
5. The name of the register Florida Department of S	red agent and the regist State:	ered office address as shown	on the records of the
	Brian Bom	stein, Esq.	·
	2665 South Bays	Name hore Drive, Ste. 300	T., 0
		Address	02 SEC TALL
	Miami, FL	33133 State and Zip	
	• .	-	
6. The name and address of	of the new registered ag	gent and/or office:	-2 387 G
	Brian Bomst	ein. Esq.	この 星 ロ
	4425 Ponce De	4: 00 4: 00 11	
•	Florida street address	(P.O. Box NOT acceptable)	
	Coral Gables,	FL 33134	
	City, S	tate and Zip	<u>-</u>
confirmed that after the chand the business office of liability company, it is her	nange or changes are methe registered agent with the confirmed that the diability company or a fithe limited liability company.	under the laws of the State of ade, the Florida street addres II be identical. Or, in the cas change(s) was/were authoriz as otherwise provided in the company.	s of the registered office e of a Florida limited ed by an affirmative vote of
David Quint, Chief (Printed or typed name of signee)	^		
I nereby accept the appoing the comply with the provision and I am familiar with a Chapter 608, H.S. Or, if address, I hereby confirm	niment as registered as s of all statules relative d decept the obligation his document is being j that the limited liabilit	gent and agree to act in this of the to the proper and complete s of my position as registered filed to merely reflect a chan by company has been notified	capacity. I jurther agree to performance of my duties, i agent as provided for in ge in the registered office in writing of this change.

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

NHS18(10/99) FILING FEE: \$25.00

Brian Bomstein, Esq.

(Signature of Registered Agent)