

Carolyn Silva-Quagliato  
 Requestor's Name  
 535 Thirtieth Street, NW  
 Address  
 Washington, DC 20004-1109  
 City/State/Zip Phone #

M99-00000727

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 -07/26/99-01091--012  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
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3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
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 99 JUL 26 PM 5:00  
 SECRETARY OF STATE  
 111 ANASCOETTA BLVD  
 ANNAPOLIS, MD 21401

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

M99-727

Name Availability	<i>[Signature]</i>
Document Examiner	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Updater Verifier	<i>[Signature]</i>
Admission Agent	<i>[Signature]</i>
W. P. Verifier	<i>[Signature]</i>

**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 liability company is: MTM I, LLC
2. The mailing address of the limited liability company is : 1001 Brickell Bay Drive, 30th Floor  
Miami, Florida 33131

3. Date of filing/registration in Florida May 12, 1999
4. Document number M99000000727

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Edmund R. Miller

Name

1001 Brickell Bay Drive, 30th Floor

Florida street address (P.O. Box NOT acceptable)

Miami

33131

FL

City, State and Zip

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 a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.

Edmund R. Miller

(Signature of a member or authorized representative of a member)

Edmund R. Miller

(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. 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.*

Edmund R. Miller

(Signature of Registered Agent)

Edmund R. Miller

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

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