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Division of Corporations

Fax Number

: (850)617-6380

From:

: PREMIER CORPORATE SERVICES INC Account Name

Account Number: I20080000023 Phone : (651)225-9500

Fax Number : (651)225-9579

REGISTERED AGENT CHANGE

LOOMIS, CHRISTIE & DUNBAR, INC.

Certificate of Status	0
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12/17/2008

(((H08000275680 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	the corporation: Loomis, Christie & Dunbar, Inc.
	1 office address: 1111 Brickell Avenue, 11th Floor, Miami, FL 33131
3. The mailing a	address (if different):
4. Date of incor	rporation/qualification: 09/28/2001 Document number: P01000095085
5. The name and	id street address of the current registered agent and registered office on file with the urtment of State:
	CT Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
i. The name an (if changed):	1200 South Pine Island Road Plantation, FL 33324 Indigential street address of the new registered agent (if changed) and /or registered office NRAI Services, Inc. 2731 Executive Park Drive, Sulte 4
	NRAI Services, Inc.
	2731 Executive Park Drive, Sulte 4
	(P.O. Box NOT acceptable) Weston, FL 33331
The street address changed wil	ress of its registered office and the street address of the business office of its registered agent, ll be identical.
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the hoard, or the corporation has been notified in writing of the change.
	Thomas B. McGowan IV, President (Printed or typed name and title)
	of the appointment as registered agent and agree to act in this capacity. If the appointment as registered agent and agree to act in this capacity. If the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
SW	Significate of Registered Agent) (Date)
	behalf of an entity:
Sue Johns	son, Asst. Secretary
	(Typed or Printed Name)
	* * * FILING FEE: \$35.00 * * * MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
CR2E045 (8/05)	MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314