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To:

Division of Corporations

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From:

Account Name : JAM MARK LIMITED
Account Number : 12000000112
Phone : (305)789-7758
Fax Number : (305)789-7799

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## REGISTERED AGENT CHANGE

LUMINAIRE, INC.

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7/10/2007

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		7.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida	<b>.</b>
in or	der to change its registered office or re	egistered agent, or both, in the State of Florida.	<del></del>
I The name o	of the corporation: Luminaire,	Inc.	
	tao oo potaton.	Street, Miami, FL 33172	
z. mo tancih	in other address.		
3. The mailing	g address (if different): 701 Bricke	11 Avenue, Suite 3000, Miami, FL 3313	1
4. Date of inco	orporation/qualification: 3/5/02	Document number: P02000025042	
	and street address of the current register partment of State;	red agent and registered office on file with the	
	Nasir Kassamali		
	8950 N.W. 33rd Street		
	Miami, FL 33172		or O7
6. The name at (if changed)		agent (if changed) and /or registered office	SECRETARY OF CORPORATIONS O7 JUL 10 AH 9: 20
	Intrastate Registered Age	nt Corporation	
	701 Brickell Avenue Suite	3000	H S
	(P.O. Box NOT nece	prable)	4: 2 EE
	Miami, FL 3313		0 5
The street add	iross of its registered office and the still be identical.	treet address of the business office of its registered	agent,
Such change vauthorized by	was authorized by resolution duly ad- the board, or the corporation has been	opted by its board of directors or by an officer so in notified in writing of the change.	
	Ature of an officer of director)	Nasir Kassamali, Bresident NAR/	is kassmali
I hereby acce I further agre of my duties, a document is corporation is Intidast.	•	nt and agree to act in this capacity. Alautes relative to the proper and complete perform of my position as registered agent. Of in the registered office address, I hereby confirm tange.	ormance r, if this that the
	Signature of Registered Agent) behalf of an entity:	(Date)	<del></del>
	nandez-Torano, President (Typad or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314