

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : MELAND RUSSIN & BUDWICK, P.A.
 Account Number : I20040000113
 Phone : (305) 358-6363
 Fax Number : (305) 358-1221

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

D & D HOMESTEAD CORPORATION

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RA Change
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: D&D Homestead Corporation
2. The principal office address: 200 S. Biscayne Blvd., Suite 3000, Miami, FL 33131
3. The mailing address (if different): 200 S. Biscayne Blvd., Suite 3000, Miami, FL 33131
4. Date of incorporation/qualification: 04/16/2008 Document number: P08000038959
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Bruce Jacobs

169 East Flagler Street, Suite 1640

Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael S. Budwick.

200 S. Biscayne Blvd., Suite 3000

(P.O. Box NOT acceptable)

Miami, FL 33131

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of officer or director)

Michael Budwick, shareholder
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

11/3/08
(Date)

If signing on behalf of an entity:

alkfjsldkff

(Typed or Printed Name)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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