CONTACT:	al aaal	nalles
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UCC FILING & SEARCH SERVICES, (Requestor's Name)	INC.	
526 EAST PARK AVENUE (Address)		1000 02 041 1616 -12/30/9601042019
TALLAHASSEE FL 32301 (90 (City, State, Zip)	04) 681-6528 (Phone #)	******35.00 ******35.00 OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):		
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Other	Merger REGISTRATION/QUALIFICATION	CORP SEARCH
Annual Report	Foreign	HOLD FOR
Fictitious Name	Umited Partnership	PICKUP BY UCC SERVICES
	Trademark Other	Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Treuman, Inc. 1a. The name of the corporation is: _ 1b. The mailing address of the corporation is: 911 Michigan Avenue, No. 4 Miami Beach, Florida 33139 Document number: P96000096445 1c. Date of incorporation: 11/26/96 The name and address of the current registered agent and office: UCC Filing & Search Services, Inc. 526 East Park Avenue, Suite 200 Tallahassee, FL 32301 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable 2) Charles J. Grimsley, Esq. 1880 Brickell Avenue Miami, Florida 33129 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. (Signature of an officer, chairman or (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. (Signature of Registered Agent If signing on behalf of an entity:

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

(Capacity)

(Typed or Printed Name)