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## PARTNERS 000023447

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November 26, 1997

Florida Department of State Jim Smith – Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Dear Mr. Smith:

## Re: Statement of Change of Registered Agent for Corporations

Enclosed herewith are executed applications for Change of Registered Agent along with our cheque in the sum of \$1,995.00 representing the requisite fee applicable for filing. We look forward to acknowledgement said change in due course.

Acknowledgement said change in due course. Kind regards. Yours sincerely, Shiona J. Creary Legal Assistant :sjc Encl./

## Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, 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.

1.	The name of the corporation is: LNVP	Holdings, In	Ç		
 1a.	Date of incorporation	nber <u>P9</u>	P97000023447		
2.	The name and address of the current registered agent an	d office:		TALL	97 DEIC
	Morris Watsky, 700 NW 107 Ave., Miami, Fl 33172			AHASS	)EC 24
3.	The name and address of the new registered agent and o (P.O. Box Not Acceptable)	office:	. <u>-</u>	CF SIAN E, FLOAD	
	Shelly Rubin, 760 NW 107 Ave., Miami, Fl 33172	-	. <u> </u>	≥""	<u> </u>

The street address of its registered agent 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 DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT\_SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 DATE

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

CR2E045 (7-90)

FILING FEE: \$35.00