P99000088420 CT CORPORATION SYSTEM

CORPORATION(S) NAME

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Profit	() Amendment	() Merger SS 2 3
Nonprofit Foreign	() Dissolution/Withdrawal	
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Limited Partnership	() Annual Report	Sun Marketings
LLC	() Name Registration	() Other (x) Change of RA
	() Fictitious Name	Oucc A = T
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Call When Ready	() Call If Problem	() After 4:30
) Walk In	() Will Wait	(x) Pick Up
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P. Verifier	•	Amount: \$
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

C. Coullieste AUG 1 5 2002

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
submits the following statement in order to change its registered office or registered agent, or both, in
A. Common Cell and To
1. The name of the corporation: FAM MANAGING MEMBER, INC.
2. The mailing address of the corporation: 703 Collins Avenue, Suite 304
Miami Blach, FZ 33139
3. Date of incorporation/qualification: 10 16 199 Document number: 19900088420
4. The name and address of the current registered agent and office:
Sanders, Fan
763 Collins Avenue, Suite 304
Miani Beach Fr 33139
5. The name and address of the new registered agent (if changed) and/or registered office (if changed). (P. O. Box Not Acceptable)
C T Corporation System
c/o CT Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324
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 vice chairman of the board) (Date)
(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.
CT Corporation System / Large System
By: (Signature of Rogistered Agent) (Date Outer
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314