Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000208980 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : ROBERT N. ALLEN, JR., P.A.

Account Number: 073324000622 Phone

: (305)372-3300 : (305)379-7018 Fax Number

REGISTERED AGENT CHANGE

INAEXPO USA, LTD. CO.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic filling Vanua

Composate Filipa

Rublic Access Help

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

10/7/02

J. BRYAN OCT - 8 2002

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: Inaexpo, USA, Ltd. Co.	
2. The mailing address of the limited liability company is: c/o Allen & Galego	
601 Brickell Key Drive, Suite 805, Mismi, FL 33131	
July 17, 2000 L00000008408	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
Eduardo N. Becerra Name	
Address	
Mi ami, FL 33161 City, State and Zip	
3900 NW 79th Avenue, Suite 570 Address Miami, FL 33161 City, State and Zip 6. The name and address of the new registered agent and/or office: Allen & Galego Name 601 Brickell Key Drive, Suite 805 Florida street address (P.O. Box NOT acceptable)	
Allen & Galego	
Name Z	
Florida street address (P.O. Box NOT acceptable)	
Florida sueer address (F.O. Box NOT acceptable)	
Miami FL 33131	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.	
(Signature of a member or anthorized representative of a member)	
EDUATION N. BECERRA, MANAGING DIRECTOR	
(Printed or typed name of signee)	
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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this accument is being filed to mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	
(Signature of Registered Agent)	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	
DHS18(10/99) FILING FEE: \$25.00	