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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : PCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE TERMINAL LINK (MIAMI) LLC

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

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. Name of the limited liability company: TERMINAL LI	nk(miam) llc	
2. (a) Principal office address of limited liability compa	ny: ONE BISCAYNÉ TOWER	
(Note: MUST BE STREET ADDRESS)	2 SOUTH BISCAYNE BLVD., SUITE 2000 MIAMI FL 33131	
(b) Mailing address of limited liability company:	ONE BISCAYNE TOWER 0	
(Note: MAY BE POST OFFICE BOX)	2 SOUTH BISCAYNE BLVD., SUITE 2000	
	MIAMI FL 33131	
May 30, 2008	M08000002540	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	11 DEC
Registered Agent:	nrai services, inc.	<u> </u>
Registered Office Address:	515 E. PARK AVE,	9
	TALLAHASSEE FL 32301 US	¥.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		-
NEW Registered Agent:	C T Corporation System	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	
	Plantation ,FL, 33324	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ideal liability company, it is berefy confirmed that the change (Florida street address of the registered office itical. Or, in the case of a Florida limited	

papility company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the mambers of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ignature of a mamber or authorized representative of a member

TERMINAL LINK USA LLC, Judith Argao, Member

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 618, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change.

A C T Copposition System

COMMED DIVIDIO

Signature of Registered Agent

Agent & ASSISTONT Secretorian of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00