Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714 : (850)222-1173

Phone Fax Number

: (850)224-1640

101116.62480

REGISTERED AGENT CHANGE

TWO WORLDS UNITED INCORPORATED

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35.00

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1/s, 19/07 NAMO

1/9/2007 8:45:24 AM

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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, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
Two Worlds United Incorporated
2. The principal office address: 503 East Jackson Street, Suite 250, Tampa, FL 33602
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/08/2004 Document number: N0400003745
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Carlos Diez
503 East Jackson Street, Suite 250
Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box. NOT acceptable) Weston, FL 33331
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, or the corporation has been notified in writing of the change.
Carlos Diez, Vice President (Signature of director) (Winter or types name and late)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisious 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Ahrung Illand Agent) 01 03 12007 (Date)
If signing on behalf of an entity:
Sabrina Tillapaugh, Asst. Secretary (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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