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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Number : 076424003301 Phone : (813)223-7474

Fax Number : (813)227-0435

97-2899/DBW

**Enter the email address for this business entity to be used for future—
annual report mailings. Enter only one email address please. Fig. 5

Email Address: +5900d @ trenam.com P

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REGISTERED AGENT CHANGE ALEGRA HOLDINGS, INC.

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

statement of change	is submitted for a corpo	ration organized	07.1508, or 617.1508, Flo I under the laws of the Stat Lagent, or both, in the State	e of Flo	rida		
1. The name of the c	orporation: Alegra	Holdings, in	ıc.				
			at, Miami, Florida, 331	72			
2. Illa birrochen avec							
3. The mailing addre	ess (if different): 1085	5 N,W, 33rd 5	Street, Miarni, Florida,	33172			
4. Date of incorporat	tion/qualification:	9/30/97	Document number:	P970	000084	473	
	eet address of the curren nt of State: (If resigned,		it and registered office on f	ile with th	E		
Do	on B. Weinbren						
10	1 E. Kennedy Boul	evard, Suite	2700				
Ϋ́ε	impa, Florida 3360	12			TAL SE	2010	
6. The name and stre (if changed):	eet address of the new n	egistered agent (if changed) and /or register	ed office	CRETAR	APR 2	_
<u> Tř</u>	K Registered Agent	, Inc.		<u></u> _	338 0 X	CO	ŗ
<u>10</u>	1 E. Kennedy Bou				. F. S. T	AH 9:	Ċ
Te	impa, Florida 3360	P.O. Box NOTed	CONTROLO		RES	ណ្ត	
The street address of as changed will be	of its registered office a	and the street ad	dress of the business offic	e of its re	gistered	agent,	
		duly adopted b	y its board of directors or ied in writing of the chang	by an off ge.	icer so		
(2000)	an other or description		Carlos de Ques	ada, Pré			
Phereby accept the I further agree to c of my duties, and I document is being corporation has be	appointment as regists omply with the provisi om familiar with and a filed merely to reflect b en notified in writing o	ered agent and cons of all statute recept the obligit than the status of this change.	reree to act in this capacit is relative to the proper a ution of my position as res registered office address, i	ty, nd comple jistered aj l hereby c	ete perfor gent. Or confirm ti	mance of this rat the	
/ ///			4-27-	10			
	re of Registered Agent	<u></u>	Date				
If signing on behal	f of an entity:						
	Castellano	<u> </u>					
		' * FILING FEE	: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)