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DRATING SERVICES FL 000052 31-0855 23-0765

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

PINO MANAGEMENT CORPORATION

| Certificate of Status | 0 |
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RA Lo CATAMON



September 14, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PINO MANAGEMENT CORPORATION P.O. BOX 1511 ORLANDO, FL 32802US

SUBJECT: PINO MANAGEMENT CORPORATION

REF: P97000107936

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

| statement of | change is submitted for a corporation of | 7.0502, 607.1508, or 617.1508. Florida Statutes, this rganized under the laws of the State of Florida egistered agent, or both, in the State of Florida. | |
|---|--|---|----------------------------|
| | of the corporation: Pino Managem | | |
| | | Avenue, 6th Floor, Orlando, FL 32801 | |
| 3. The mailin | ng address (if different): | | |
| 4. Date of inc | corporation/qualification: 12/24/199 | P97 Document number: P97000107936 | 3 |
| | and street address of the current register partment of State: | ed agent and registered office on file with the | |
| | Laurence J. Plno | | |
| | 255 South Orange A | venue, Sixth Floor | 78 O |
| | Orlando, FL 32801 | | SET |
| 6. The name a | | agent (if changed) and /or registered office | SECRETARY OF |
| | Incorporating Service | es, Ltd. | of ST |
| | 1540 Glenway Drive | | : 58 RETAIL |
| | (Р.О. Вых NOT выпр Tallahassee, FL 323 | | > |
| The street add as changed w | dress of its registered office and the strill be identical. | reet address of the business office of its registered a | agent, |
| | | opted by its board of directors or by an officer so in notified in writing of the change. | |
| () az | Andre of an officer or director) | Patricia Ti Wilson Se | |
| hereby acce further agre formed duties, locument is b corporation h | pt the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the seing filed merely to reflect a change in as been notified in writing of this chan | t and agree to act in this capacity, statutes relative to the proper and complete perform obligation of my position as registered agent. Or, n the registered office address, I hereby confirm thange. | mance if this at the |
| Beu | ey O. Poter | 9/14/2007 | |
| f signing on l | Signature of Registered Agent) behalf of an antity: | (Date) | |
| Baverly (| O. Porter (Typed or Printed Name) | | |
| | * * * FILING | FEE: \$35.00 * * * | |
| | | Florida Department of State 5, P.O. Box 6327, Tallahassee, FL 32314 | |

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