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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (305)672-0686

Fax Number ; (305)672-9110

REGISTERED AGENT CHANGE

BILNIA INCORPORATED

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

Pursuant to the provisions of section 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.

1. The name of the	corporation is: Bilnia	Incorporated				
2. The principal of	ice address; 35 Oak	Street				
Toronto ON M	9NIAI CANADA	- · · · · · · · · · · · · · · · · · · ·				, ,,,
3. The mailing add	ress (if different):				······································	······································
4. Date of incorpor	ation/qualification;	7/2/1979	_ Document Number:	6282		
Florida Departm	reet address of the cur ent of State: ichard E. Alhadeff	rent registered age	nt and registered office on	file Control		71
22	200 Museum Tower 1:	50 West Flager Str	eet	် S≩	2	
M	ami F(33130			7	_	*
(ii changed):			(if changed) and /or registe		ö ¥¥	
******	orporate Creations Ne 380 Prosperity Farms	770000000000000000000000000000000000000		<u>\$</u> Z	2	
<u> 11</u>		Box Not acceptable)			ŕ	
Pt	lm Beach Gardens F	L 33410				
The street address agent, as changed v		ce and the street a	ddress of the business off	ice of its	regis	tered
Such change was authorized by the b	authorized by resolut oard, or the corporation	ion duly adopted in has been notified	by its board of directors in writing of the change.	or by an	offic	er so
Marin (Signature	of an officer of director)	Ju	lia Rowan, President by M. Are (Printed or Typed name	iza as attor and title)	ney-in	fact
I further agree to performance of my agent. Or, if this a	comply with the producties, and I am famili	ovisions of all st liar with and accep d merely to reflec	ree to act in this capacity. Itutes relative to the proposit the obligation of my posit a change in the registere iting of this change.	per and ition as r	ediste	red
Marin	aren-		June 20, 200	06		
, •	of Registered Agent)		(Date)			·
If signing on behalf	of an entity:					
Maria Areiza, Assis	rinted Name)					
MAI			RIDA DEPARTMENT OF STA D. BOX 6327, TALLAHASSE		314	
Corporate Creation 941 Fourth Street Miami Beach FL (305) 672-0686		. <u>.</u>				

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