## P10000022496

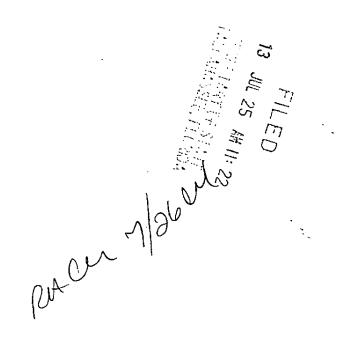
| (Re                                     | questor's Name)    |                 |
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## **COVER LETTER**

| Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: Somnio Bellus, Inc.  Name of Corporation   |  |  |
| DOCUMENT NUMBER: P10000022496   |  |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.   |  |  |
| Please return all correspondence concerning this matter to the following:                       |  |  |
| Christie Savoca Name of Contact Person  |  |  |
| Grant Tani Barash & Alman Firm/Company  |  |  |
| PO BOX 5623 Address   |  |  |
| Beverly Hills, CA 90209 City/State and Zip Code   |  |  |
| 7+57 2 g+ba. com  E-mail address: (to be used for future annual report notification)            |  |  |
| For further information concerning this matter, please call:                                    |  |  |
| Christie Savoca at (310 ) 288-6289  Name of Contact Person Area Code & Daytime Telephone Number |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                            |  |  |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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.   |
|--|
| 1. The name of the corporation: Somnio Bellus, Inc.  |
| 2. The principal office address: 14592 SW 129 Street   |
| Miami, FL 33186  |
| 3. The mailing address (if different): P.O. Box 5623,  |
| Bevery Hills, CA 90209   |
| 4. Date of incorporation/qualification: 3/10/10 Document number: P1000022496   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)   |
| Ziglaw   |
| 4500 Biscayne Blvd #201  |
| Miami, FL 33137  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Alvarez & Barbara Esa,   |
| 2701 S. Bayshore Drive # 500 P.O. Box NOT acceptable   |
| Miami, FL 33133  |
| 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 cotified in writing of the change.  |
| Signature of an officer or director  Dany Garcia, President Printed or typed name and title  |
| 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 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. |
| Signature of Registered Agent Date   |
| Insigning on hehalf of an entity:  |
| Pichard Barbara Typed or Printed Name  |

\* \* \* FILING FEE: \$35.00 \* \* \*