

ACCOUNT NO. : 072100000032

REFERENCE: 743915 4336650

AUTHORIZATION

COST LIMIT

ORDER DATE: June 26, 2000

ORDER TIME: 3:29 PM

ORDER NO. : 743915

CUSTOMER NO: 4336650

CUSTOMER:

Robert Hudson, Jr., Esq

Baker & Mckenzie

19th Floor

1200 Brickell Avenue Miami, FL 33131

CHANGE OF AGENT

NAME: MOBERK CORP.

200003305552--4

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

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, the undersigned corporation organized under the laws of the State ofFlorida
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida
1. The name of the corporation is: Moberk Corp.
2. The mailing address of the corporation is: 1200 Brickell Avenue, 19th Floor Miami, FL 33131
3. Date of incorporation/qualification: 3/24/69 Document number: 343440
4. The name and address of the current registered agent and office:
Robert F. Hudson, Jr.
1200 Brickell Avenue, 19th Floor
Miami, FL 33131
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
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 charge was authorized by resolution duly adopted by its board of directors or by an officer so Alexander these
(Signature of an officer, chairman or vice chairman of the board) (Date)
Sara Anne Lehmann, Secretary and Director
(Printed or typed name and title)
Flaving been numed as registered agent and to accept service of process for the above stated corporation. 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity.
Laura R. Dunlap (Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CRZE04S(7/97)

CR

DIVISION OF CORPORATIONS

P.O Box 6327

TALLAHASSEE, FL 32314