850344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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R.A.

APR 22 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ehden, N.V.
Name of Corporation

DOCUMENT NUMBER: 850344

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:

MILLY LLANES (305-441-6633 ext 14)
Name of Contact Person

Ehden, N.V. c/o Fraga Properties
Firm/Company

75 Valencia Avenue, Suite 1150
Address

Coral Gables, FL 33134
City/State and Zip Code

Milly@fragaproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert J. Fraga / Milly Llanes at (305) 441-6633 ext 12 / ext 14
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

CR2E045 (03/12)

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: Ehden N.V.
2. The principal office address: 75 Valencia Avenue, Suite 1150, Coral Gables, FL 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/04/1981 Document number: 850344
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)

   Albert J. Fraga

   1320 S Dixie Highway, Suite 214, Coral Gables, FL 33146

   Phone: 305-667-1976 ext 12

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Albert J. Fraga

   75 Valencia Avenue, Suite 1150, Coral Gables, FL 33134

   P.O. Box NOT acceptable

   Phone: 305-441-6633 ext 12

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 notified in writing of the change.

Signature of an officer or director

Albert J. Fraga / Managing Agent
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

04 | 11 | 13
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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