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RA. Change

C. Coullistie AUG 0 4 2006



IN SERVICE COMPANY.									
ACCOUNT NO. : 072100000032									
REFERENCE : 286876 4301225									
AUTHORIZATION :									
COST LIMIT : \$35.00 man									
ORDER DATE: August 3, 2006 ORDER TIME: 2:07 PM ORDER NO.: 286876-010 CUSTOMER NO: 4301225									
CHANGE OF AGENT									
NAME: BRASWEY TRADING N.V. INC.									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CONTACT PERSON: Pamela A Washington EXAMINER'S INITIALS:									

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

statement of ch	ange is submitte	ections 607.0502, 6 d for a corporation registered office or	organized	under the law	s of the State	e of Delay	ware	
	v	BRASWEY TRAI	Ū	•	i, in me sian	: oj 1 wrsu	Un.	
1. The name of	the corporation:	1001 Brickell Bay	Drive Suite	1717 Miami	FI 33131			
								
	address (if differ							
4. Date of incor	poration/qualific	cation: May 5, 200	5	Document n	umber: F05	i00000278i	8	
	d street address rtment of State:	of the current regis	tered agent	and registered	l office on fi	le with the	;	
	Peter Wei				,			_
	800 Claughton	Island Drive, Suite					AS &	3
	Miami, FL 331	31				7	UREI	3
6. The name and (if changed):	d street address	of the new registere				Ü	ARY OF	FILED
	Corporation Se	rvice Company		*		LORIC	5 7A7	
	1201 Hays Stre	et .				, , ,),	7	
		(P.O. Box NOT as	cceptable)				,	
	Tallahassee, Fl	, 32301	· - s.·			 ·		
The street addr	ess of its registe I be identical.	ered office and the	street addr	ess of the bu	siness office	of its reg	istered ag	ent,
Such change wanthorized by t	as authorized b	y resolution duly a corporation has b	adopted by i	its board of d	lirectors or b	y an offic e.	er so	
		>		Peter V	 Vei, Treasure	r		
	ure of an officer or di	•	- . ·	•	ted or typed nam	•		
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment to comply with ad I am familian ing filed merely s been notified	nt as registered ag the provisions of a with and accept t to reflect a chang in writing of this c	gent and agi all statutes i the obligation the reg hange.	ree to act in i relative to the on of my post istered office	this capacity e proper and ition as regi e address, I	i d complete stered age hereby coi	e perform int. Or, ij nfirm thai	ance this the
By: MICh	Service Compar R V gnature of Registered	annor		. Hygi	Ut 3.	2004		- -
If signing on bo	chalf of an entit	y:						
Michelle R. Van	moy, Asst. V.P.		-	ć.				
	Typed or Printed Nan	ne)						

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