F07000004555

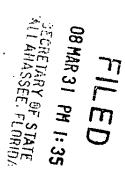
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COVER LETTER

Division of Corporations	
SUBJECT: United Consortium Ltd.	
(Name of Co	orporation)
DOCUMENT NUMBER: F07000004555	
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:
Gonzalo Lage	
(Name of Con	itact Person)
United Consortium Ltd.	
(Firm/Co	mpany)
4901 NW 17th Way, Suite 405-A	
(Addr	ess)
Fort Lauderdale, FL 33309	
(City/State and	d Zip Code)
For further information concerning this matter, please co	all:
Gonzalo Lage	954 \ 642-8806
(Name of Contact Person)	at (954) 642-8806 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departs	ment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of NV er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: VTECINE 2BA VTEC INCOF NEVADA
2. The principal	office address: 4901 NW 17th Way, Suite 405-A, Fort Lauderdale, FL 33309
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 09/12/2007 Document number: F07000004555
	d street address of the current registered agent and registered office on file with the rtment of State:
	Julie Reiser
	777 East Atlantic Ave, Suite C2-283
	Delray Beach, FL 33483-5360
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Gonzalo Lage
	4901 NW 17th Way, Suite 405-A
	(P.O. Box NOT acceptable) Fort Lauderdale, FL 33309
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, of the corporation has been notified in writing of the change.
(Signati	GONZALO M. LAGE (Printed or typed name and title)
of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
(Si _i	gnature of Registered Agent) (Date)
If signing on be	chalf of an entity:
(7	Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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