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Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

ASINCRO INC

Certificate of Status	0
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C. COULLETTE

NOV 18 2008

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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASINCRO INC.
2. The principal office address: 1560 SAWGRASS CORPORATE PKWY 4TH FLOOR
SUNRISE, FLORIDA 33323
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/21/2008 Document number: F08000004564
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)

CARLOS RODRIGUEZ
2546 EAGLE RUN DR
WESTON, FLORIDA 33327

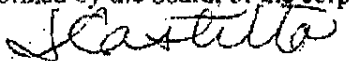
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SUSANA CASTILLO
2551 JARDIN MANOR
(P.O. Box NOT acceptable)
WESTON, FLORIDA 33327

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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.

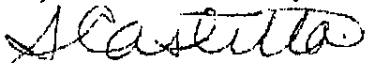


(Signature of an officer or director)

SUSANA CASTILLO

(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)

11-11-2008

(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