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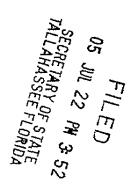
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Division of Corporations
SUBJECT: BANCO SABADELL S. A. (Name of corporation)
DOCUMENT NUMBER: <u> </u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of contact person)
BANCO SABILDELL, S. A. (Firm/Company)
701 BRICHELL AVE SUITE 2605
MIAMI FLORIDA 33131 US. (City/state and zip code)
For further information concerning this matter, please call:
Blanca Esposito at (305) 350-1213 (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 409 E. Gaines Street Tallahassee, FL 32399

. $\ \, \cdot \ \,$ 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: BANCO DE Sahadell, S.A.
2. The principal office address: +01 BRICKE// HVQ, Suite 2/00
MIAMILF(33131 US
3. The mailing address (if different):
or the maning address (it different).
4. Date of incorporation/qualification: 304193 Document number: F93000001448
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
FRANCES C. NOQUERO
TO P V II A C I SPORT
101 BRICKELL TIVE, DUITE 2650
Miani, F/ 3313)
Sign ≥ M
6. The name and street address of the new registered agent (if changed) and /or registered agent (if changed)
(if changed): MAURICP Llado' Vila STATE 52
701 BRICKell AVE, SUITE 2100
(P.O. Box NOT acceptable)
PIIOMI, F1 33/3/
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.
Change to the contract of the
WP FEAR OF COMPLIANCE (Printed or typed name and inte)
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)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Maurici Lladó
-(Typed or Printed Name)

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