

Division of Corporations

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Florida Department of State Division of Corporations Public Access System

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To: Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

DUFY AMERICA, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

*RA Change
T. Lewis*

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DIVISION OF CORPORATIONS

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**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: Dufry America, Inc.
2. The principal office address: 10300 NW 19th Street, Suite 114, Miami, FL 33172
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/5/84 Document number: H24184
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Hendry Stoner Delancett & Brown, P.A.

20 N Orange Avenue, Suite 600

Orlando, FL 32801

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

CT Corporation System

1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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]
(Signature of an officer or director)

Jose Gonzalez, President

(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.

Connie Bryan **CONNIE BRYAN**

(Signature of Registered Agent)

SPECIAL ASSISTANT SECRETARY

December 20, 2005

(Date)

If signing on behalf of an entity:

Connie Bryan

(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
CR2B043 (8/05)

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