Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Fax Number : (850)922-4000

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone : {407}649-4043 Fax Number : (407)841-0168

## REGISTERED AGENT CHANGE

ARUBA INTERNATIONAL, INC.

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3/15/01

## From-BAKER&HOSTETLER,LLP

## 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 61; the undersigned corporation organized under the laws of the State ofFlori	7.1508, Florida Statutes, da
submits the following statement in order to change its registered office or regi	istered agent, or both, in
the State of Florida.  1. The name of the corporation:  Aruba International, Inc.	:
	-
2. The mailing address of the corporation: 5189 Vineland Road, Orland 3. Date of incorporation/qualification: 02/07/85 Document num 4. The name and address of the current registered agent and office:  Lillian Merrill  9000 Bay Hill Boulevard	lo, Florida 32811
3. Date of incorporation/qualification: 02/07/85 Document num	ber: 593161383
4. The name and address of the current registered agent and office:	ber: 593161383 2
Lillian Merrill	<b>7</b>
9000 Bav Hill Boulevard	ហ
Orlando, Florida 32819	
5. The name and address of the new registered agent (if changed) and/or register (P. O. Box Not Acceptable)	ed office (if changed)
Dolores ("Dodi") Zelones	
8730 Rancho Court	<b>_</b> .
Orlando, Florida 32836	
The street address of its registered office and the street address of the business agent, as changed, will be identical.	office of its registered
Such change was authorized by resolution duly adopted by its board of directo authorized by the board.	rs or by an officer so
	2/7/01
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Rene Curterrez, Presideur	
(Printed or typed name and tide)  Having been named as registered agent and to accept service of process for the corporation, I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relative to the propperformance of my duties, and I am familiar with and accept the obligation of registered agent.	e above stated act in this capacity. er and complete my position as
SIS (Sind) 2-1	1.
(Signature of Registered Agent) (Date)	<u> </u>
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacit	y)
* * * FILING FEE: \$35.00 * * *	
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DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, F.	L 32314