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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2012

BASTORI CARONI, INC. 12845 S.W. 87TH AVENUE MIAMI, FL 33176

SUBJECT: BASTORI CARONI, INC.

Ref. Number: K46423

Our records indicate the registered agent for the above named corporation resigned on September 13, 2012 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Gary Blankenbaker Document Specialist Division of Corporations

Letter number: 512A00026776

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. | | |
|--|--|--|
| 1. The name of the corporation: BASTORI CARONITIES | | |
| 2. The principal office address: 12845 S. W. 8774 AVE. | | |
| HIAME FLORIDA 33176 | | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 11-18-88 Document number: KHGH23. 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) | | |
| RESTENED | | |
| | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | |
| M & CHAW | | |
| 12845 S.W. 8774 ME | | |
| P.O. Box NOT acceptable HIAMI, FLORIDA 33176 | | |
| 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 Signature of an officer or director Frinted 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. Wall Mallo 11 2012 | | |
| If signing on behalf of an entity: | | |
| Typed or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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