## L00000000158

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability con	npany is: ECO CONSORTIUM
2. The mailing address of the limited l	
calle Duero, 7, Sotomar, 11310 So	iografice, or Aliv
5th January 2000	L0000000158
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on the records of the
	FILING & SEARCH SERVICES
1333 North	FILING & SEARCH SERVICES  Name Duval Street  Address SE, FL, 32303 City, State and Zip gistered agent and/or office:  YET
TALAHAS	Address SE, FL, 32303
	City, State and Zip
6. The name and address of the new re-	gistered agent and/or office:
Jean PRO	YET SOE TO SOE T
721 US 1,	Suite 223
Florida stre	eet address (P.O. Box NOT acceptable)
North Palm	Beach, <sub>FL</sub> , 33408
<del></del>	City, State and Zip
If the limited liability company is not confirmed that after the change or char and the business office of the registere liability company, it is hereby confirme the members of the limited liability confine operating agreement of the limited	organized under the laws of the State of Florida, it is hereby ages are made, the Florida street address of the registered office d agent will be identical. Or, in the case of a Florida limited ed that the change(s) was/were authorized by an affirmative vote of organy or as otherwise provided in the articles of organization or liability company.
(Signature of a member or authorized representative	e of a member)
For at	id on behalf of PA TRUST COMPANY LIMITED 11.03.03
I hereby accept the appointment as recomply with the provisions of all status and I am familiar with and accept the Chapter 608, F.S. Or if this documen address I keyeby confirm that the limi	gistered agent and agree to act in this capacity. I further agree to les relative to the proper and complete performance of my dutics, obligations of my position as registered agent as provided for in t is being filed to merely reflect a change in the registered office ted liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

ed Agent)