00000007491

ACCOUNT NO. :

072100000032

REFERENCE: 692875

4303929

AUTHORIZATION

ORDER DATE: August 5, 2002

ORDER TIME: 9:40 AM

ORDER NO. : 692875-025

CUSTOMER NO: 4303929

CUSTOMER: Mr. Daniel_Sanchez-galarraga 200006915902--6

Greenberg Traurig, P.a.

1221 Brickell Avenue

21st Floor

Miami, FL 33131-3238

CHANGE OF AGENT

NAME:

KATALYX FOOD SERVICE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon --- EXT# 1145

EXAMINER:

02 AUG -6 PM 1:28

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

₽

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 company is: KATALYX FOOD SERVICE, LLC				
2. The mailing address of the limited liability company is: 1221 Brickell Ave., Ste. 1200,				
Miami, FL 33131	<u> </u>			<u> </u>
June 26, 2000		· <u>:</u>	L00000007491	·
3. Date of filing/registration in Florida 4. Document number				
5. The name of the registere Florida Department of St		stered office ac	ldress as shown on	the records of the
	Corpo	direct Agents	<u> </u>	
		Name		
_	103 N. Merid	lian St., Low	er Level	
Address				C B -
Tallahassee, FL 32301 City, State and Zip				SECRET VISION C
6. The name and address of the new registered agent and/or office:				
Name				PA RPG
1201 Hays Street				
Florida street address (P.O. Box NOT acceptable)				
				7.0
_	Tallahassee		32301	
	City,	State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. ———————————————————————————————————				
(Signature of a member or authorize	d representative of a mem	per)		
Patricia Menendez Cambo (Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the (Signature of Registered Agent) Ma	-culle			city. I further agree to ormance of my duties, ent as provided for in the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00