

ACCOUNT NO. : 072100000032

REFERENCE 692875

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: August 5, 2002

ORDER TIME : 9:45 AM

ORDER NO. : 692875-060

CUSTOMER NO: 4303929

CUSTOMER: Mr. Daniel Sanchez-galarraga

Greenberg Traurig, P.a. 1221 Brickell Avenue

21st Floor

Miami, FL 33131-3238

CHANGE OF AGENT

NAME: KATALYX TRANSPORTATION, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY A PLAIN STAMPED COPY Availabilit XX

Document Examiner

Acknowledgement

W. P. Verifyer

Name

DCC

DCC

DCC

Updater CONTACT PERSON: Ellyn Herndon -- EXT# 1145

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EXAMINER:

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 limite	d liability company is	KATALYX TR	CANSPORTATI	ON, LLC		- de
2. The mailing address of	the limited liability o	company is : _1	221 Bricke	ell Ave.,	Suite 700	00,
Miami, FL 33131						
June 26, 2000			L000000075	04		
			. Document	-		
5. The name of the registe Florida Department of S	red agent and the regi				ecords of t	he
	Corp	direct Agents	3			
		Name			• =	, +
	103 N. Merić	lian_St., Low	er Level			
		Address				
Tallahassee, FL 32301					A SE	02
	City	, State and Zip		·············	- E8	
6. The name and address of	of the new registered a	ngent and/or off	ñce:		ELAN.	9-5M
	Corporatio	n Service Co	mpany		E C	7
•		Name				<u> </u>
_	1201 Hays Street				22	
	Florida street addres	ss (P.O. Box No	OT acceptab	le)		52
	Tallahassee	FL	32301			-
	City, S	State and Zip				
If the limited liability components of the change of the business office of the liability company, it is here the members of the limited the operating agreement of the limited of the limited the operating agreement of the limited o	ange or changes are n the registered agent w eby confirmed that the	nade, the Florid ill be identical. change(s) was	la street addr Or, in the c	ess of the re ase of a Flo	egistered of orida limite affirmative	ffice d
(Signature of a member or authoriz	ed representative of a memb	er)	. =			•
Patricia Menendez Caml (Printed or typed name of signee)	bo	· · · · · · · · · · · · · · · · · · ·		·	•	≠ 5±*
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 to the confirmation of Registered Agent) Medical Cignature of Registered Agent)	- cull-	-		s capacity. te performa ed agent as inge in the i ed in writing	I further as nce of my a provided f egistered c g of this chu	gree to luties, for in office ange.

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

INHS18(10/99)