

ACCOUNT NO. : 072100000032	- <del></del>
REFERENCE : 692875 4303929	_*.
AUTHORIZATION: Fature Park	
COST LIMIT: \$ 25.00	÷
ORDER DATE : August 5 2002	デ 第 デ 一 二 2
ORDER TIME : 9:45 AM 25	=
ORDER NO. : 692875-055	-
CUSTOMER NO: 4303929	=
CUSTOMER: Mr. Daniel Sanchez-galarraga 500006915706 Greenberg Traurig, P.a. 1221 Brickell Avenue 21st Floor Miami, FL 33131-3238	
<u>CHANGE OF AGENT</u>	· • -
NAME: KATALYX TRANSPORTATION MEXICO, LLC	<u></u>
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	<del></del>
CERTIFIED COPY  XX PLAIN STAMPED COPY	· <u>-</u>
CONTACT PERSON CELLED AND CELLED	<u>-</u>

## 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	ed liability company	is: KATALYX	TRANSPORTATION	MEXI CO, LLC		
2. The mailing address of	f the limited liability	company is:	1221 Brickell	Ave., Ste. 1200,		
Miami, FL 33131	_		-			
November 22, 2000			L00000014452			
3. Date of filing/registrat	ion in Florida		4. Document nui	mber		
5. The name of the registe Florida Department of		gistered office	address as shown			
	Corpdirect Agents					
Corpdirect Agents Name  103 N. Meridian St., Lower Level						
103 N. Meridian St., Lower Level						
Address						
Tallahassee, FL 32301  City. State and Zip						
	Cit	ty, State and Z	Zip			
6. The name and address	of the new registered	agent and/or	office:	FLORID		
	Corporati	ion Service	Company	<b>&gt;</b>		
		Name		-		
	1201	. Hays Stree	et			
	Florida street addr	ess (P.O. Box	NOT acceptable)			
	Tallahassee	<del></del>	32301			
	City	, State and Zij	p			
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited by the limite	hange or changes are the registered agent reby confirmed that the liability company of the limited liability	made, the Flowill be idention the change(s) or as otherwise company.	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote of		
( <u>0</u>						
Patricia Menendez Car (Printed or typed name of signee)						
_ VARUER	en cu	ll-		pacity. I further agree to erformance of my duties, agent as provided for in in the registered office muriting of this change.		
(Signature of Registered Agent)						
Divisio	m of Corporations.	P.O. Box 632	7. Tallahassee FI	. 32314		

**FILING FEE: \$25.00** 

INHS18(10/99)