Florida Department of State Division of Corporations Public Access System Katherine Harris, Secretary of State

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Secretary of State

May 14, 2002

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SECRETARY OF STALL

## 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 limit	ited liability company is:	Cala Distrib	ution, L.C.		
2. The mailing address	of the limited liability co	ompany is -			·
	lace, Miami, FL 33172-252	_		<u> </u>	<del></del>
08/21/2001			I 04000044040		
3. Date of filing/registra	ation in Florida	A TOWN TO STATE OF	L01000014046 4. Document number		<del></del>
	stered agent and the regio	stered office a	address as shown on the r	records of the	;
•	DADE CORPORATE S	ERVICES, IN	C.		
	2300 Coral Way, Suite	Name 103,			
	Miami, FL 33145	Address			•
	<del>-</del>	State and Zip		-	er ei il
6. The name and address	of the new registered ag	gent and/or of	ffice:	Sec.	σ-
·	Business Filings Incorpo	<b>~</b> .	00001813	ECRE	02 MAY
	1000 West Avenue, Sui	Name te 1114	_	HASA ANAL	<u> </u>
•	Florida street address	(P.O. Box N	OT acceptable)	E E	= =
	Miami Beach	FL 33139	_	STORIO BRIDE	
	City, St	tate and Zip			<u>-</u>
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the confirmed agreement of the limited that the confirmed limited that the confirmed limited limited that the limited limit	f the registered agent wil reby confirmed that the ed liability company or a of the limited liability co	tice, the Flori I be identical change(s) wa s otherwise p mpany.	of the result of a contract of the result. Or, in the case of a Flo	egistered offic uida limited	
Signature of a plember or author	ized representative of a member	)		•	
Pedro Salcedo, Manager					•
(Printed or typed name of signee)			<u> </u>		+-
I hereby accept the appointment of the provision and I am familiar with an indicate the provision of the pro	intment as registered ages of all statutes relative of accept the obligations his document is being fil that the limited liability	ent and agree to the proper of my positio led to merely company ha	e to act in this capacity. and complete performa on as registered agent as reflect a change in the r s been notified in writing	I further agre nce of my dut provided for egistered offi of this chang	ee to ies, in ce ge.

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

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