101000142 35 College

Superior Ecuador Importers, L.L.C.

June 18, 2002

Registration Section Division of Corporations 409 East Gaines St. Tallahassee, Fl 32399

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Re: Superior Ecuador Importers, L.L.C and S.E.I Home Floral

Dear Sir or Madam:

Please find the following enclosed:

W1-16263

A check for \$75.00 (\$25.00 filing fee for statement of change, \$50.00 Fictitious Name Registration

Please return the free letter of acknowledgement to the above address.

Thank you,

Phillip W. Hagen

Managing Member

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 limits	ed liability company is:	Superior	Ecuador.	Importe	rs, LI	LC
2. The mailing address o		1	- <i>'</i>			
Fork Mye	ers Fr 33919	<u> </u>	(•,
Sept. 18,200	•		01000010	5253		
3. Date of filing/registrat		4.]	Document numbe	<u> </u>		_
5. The name of the registr Florida Department of	State: Phillip W	. 1	ess as shown on t	he records of	the	
	140 Primo	Vrive	············			
70 a j. 11	Fork Myers	Address State and Zip	33931	SEC	02.	
6. The name and address				AH.		
Action with the second	Philliph	1. Hagen	· · · · · · · · · · · · · · · · · · ·	ASSE ASSE	2	
	Phillip N 8695 Collect Florida street address	Name / ge PKWy.	#358 Facceptable)	OF STA	11 18 MV	O
	Fort Myers City, S	FL 339	119	IDA	#	
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 (Signature of a member or august 1)	npany is not organized used thange or changes are marked that the registered agent will reby confirmed that the ed liability company or a first the limited liability of the limited liability of	inder the laws of ade, the Florida all be identical. Contange(s) was/vas otherwise prompany.	f the State of Flor street address of t Or, in the case of a were authorized by vided in the article	he registered o L Florida limit	office ed	of
(Printed or typed name of signes		gins (V)em			-	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, phereby confirm	intment as registered as its of all statutes relative ad accept the obligation this document is being for that the limited liability.	ent and agree to to the proper a to fmy position to merely re y company has t	o act in this capac nd complete perfo as registered age effect a change in been notified in wi	ity. I further rmance of my nt as provided the registered tling of this c	agree 1 duties, for in office hånge.	0
(Signatury of Registered Agent) Division	n of Cornorations P () Roy 6277 To	ollohoccaa ET 23	214		

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FILING FEE: \$25.00