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CUEVAS & ORTIZ, P.A.

Division of Corporations

001

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : CUEVAS & ORTIZ, P.A.
Account Number : I20030000123
Phone : (305)461-9500
Fax Number : (305)448-7300

REGISTERED AGENT CHANGE

EVACANA USA, L.L.C.

Certificate of Status	0
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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: EVACANA USA, LLC
2. The mailing address of the limited liability company is: 2717 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

01/03/02

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CUEVAS & ORTIZ, P.A

Name

536 BILTMORE WAY

Address

CORAL GABLES, FL 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

EDWIN ACOSTA RUBIO

Name

2717 PONCE DE LEON BLVD

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FL 33134

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.

Efrain Vargas
(Signature of a member or authorized representative of a member)

EFRAIN VARGAS

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Efrain Vargas
(Signature of Registered Agent)

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

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