L02000001886

DE LA HOZ & ASSOCIATES, P.A.

GERTIFIED PUBLIC ACCOUNTANTS

304 PALERMO AVENUE CORAL GABLES, FL 33134

Foreign

Limited Partnership

Reinstatement

Trademark

Other

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Office Use Only

CORPORATION 1	NAME(S) & DOCUM	ENT NUMB	ER(S), (if known):	
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NEW FILINGS	AMENDMENT	S	- 1012 - 1012	1/10/2
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/Director		1	
Limited Liability	Change of Registered	Change of Registered Agent		344126 01007021
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Other	Merger			_
OTHER FILINGS	REGISTRATI QUALIFICA			
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Examiner's Initials

Fictitious Name

Name Reservation



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 15, 2002

UNICORP INTERNATIONAL, LLC 304 PALERMO AVENUE CORAL GABLES, FL 33134

SUBJECT: UNICORP INTERNATIONAL, LLC

Ref. Number: L02000001886

We have received your document for UNICORP INTERNATIONAL, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Enclosed is the correct form for this change of agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ca (850) 245-6958.

Lee Rivers _____ Document Specialist

Letter Number: 202A00048396

5 MIO: 51



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 28, 2002

DE LA HOZ & ASSOCIATES, P.A. 304 PALERMO AVENUE CORAL GABLES, FL 33134

SUBJECT: UNICORP INTERNATIONAL, LLC

Ref. Number: L02000001886

We have received your document for UNICORP INTERNATIONAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for submitting your check. We are again sending you the proper blank form for your entity. The document you submitted refers to the statute for Non-Profit Corporations. Enclosed is the correct form for a Limited Liability Company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 602A00050341

DIVISION OF CORPORATION 57

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.505, 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: Unicorp International, LLC
- 2. The mailing address of the limited liability company is:

1700 Orchid Bend Weston, Florida

- 3. The date of filing/registration in Florida is: January 22, 2002
- 4. The document number is: L02000001886
- 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State is:

Correa, Jose N. 1525 North Park Drive, Suite 101 Weston, Florida 33326

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

De La Hoz, Jorge E. 304 Palermo Avenue Coral Gables, Florida 33134

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 changes 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.

Signature of Member / Authorized Representative

Henio Jose Monteiro Godinho General Member

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. If this document is 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.

Signature of Registered Agent

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

SECRETARY OF STALE