

LO2000011914

DIVINE, BLALOCK, MARTIN & SELLARI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS
560 VILLAGE BLVD., SUITE 335
WEST PALM BEACH, FLORIDA 33409



200009485032

12/19/02--01041--002 **35.00

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(Business Entity Name)

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: Restrepo Family Enterprises, LLC.
2. The principal office address: 1433 White Pine Drive, Wellington, FL 33414
3. The mailing address (if different): 13715 74th Place N., WEST PALM BEACH, FL 33412
4. Date of incorporation/qualification: May 8, 2002 Document number: L02000011914
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Colleen Nelson
120 North U.S. Highway One, Suite 200
Tequesta, Florida 33469
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
Thomas Donelon
46 Divine, Blalock, Martin & Sellari, P.A., 560 Village Blvd. Suite 335
(P.O. Box or personal mailbox NOT acceptable)
West Palm Beach, FL 33409

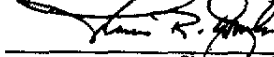
The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Hernan Restrepo, Managing Member
(Printed or typed name and title)

*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 obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)

12/10/02
(Date)

If signing on behalf of an entity:

THOMAS R. DONELON
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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