Florida Department of State

Division of Corporations Public Access System

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

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

REGISTERED AGENT CHANGE

RAESDA INVESTMENT, LLC

RECEIVED 02 DEC 27 AM 8: 33 BIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 26, 2002

RAESDA INVESTMENT, LLC 1830 HYPOLUXO ROAD, SUITE B-100 LAKE WORTE, FL 33462

SUBJECT: RAESDA INVESTMENT, LLC

REF: L02000034094

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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	y is: Raesda Investment, LLC.	
2. The mailing addr	ess of the limited liabilit	by company is: 6801 NW 77 Ave.	Suite #102
Mlami, Florida 33			
December 18, 20	02	L02000034094	
3. Date of filing/reg	istration in Florida	4. Document numb	o a
5. The name of the r	egistered agent and the s	registered office address as shown on	the records of the ASSE
Florida Departme	at of State: Ada Luz Salas		
	1830 Hypoluxo	Name Road, Suite B-100	79 CF
Lake Worth, Florida 33462		3: 56 STATE LORID	
		City, State and Zip	حَـد
6. The name and add	dress of the new register	ed agent and/or office:	
	Ada Del Galleg	0	
	6801 NW 77 AV	/e. Suite #102	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Fiorida street ad	dress (P.O. Box NOT acceptable)	
	Miami	FL 33166	
	C	ty, State and Zip	
confirmed that after and the business off liability company, it the members of the the operating agreen	the change or changes a ice of the registered ager is hereby confirmed tha		f the registered office f a Florida limited by an affirmative vote of
Ada Luz Salas		_	
(Pricked in typed name of	~ '		
I herely accept the comply with the product of an lamilar of the comply with the product of the complete of th	Ho Lloon	ed agent and agree to act in this cap lative to the proper and complete per stions of my position as registered a day filed to merely reflect a change to ability company has been notified in	acity. I further agree to formance of my ducies, feet as provided for in in the registered office writing of this change.

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

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