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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : BUSINESS CHOICE, INC.

Account Number : I20010000004

Phone

: (954)782-1829

Fax Number

: (954)782-1899

LIMITED LIABILITY AMENDMENT

UNIFLON AMERICA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



FROM : BUSINESS CHOICE, INC.

FAX NO.: 954 7821899

Feb. 04 2004 02:39PM P2

Feb 04 04 07:03p

Uniflon America LLC

386 7385850

p. 1

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STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of sections 608.416, Florida Statues, the undersigned limited liability COL øge

	ny submits the following statement in ord n the State of Florida.	er to change its registered office and registered	
1.	The name of the limited liability company is: UNIFLON AMERICA, LLC.		
2.	FL 32724-2187.	ty company is: 1685 Lexington Ave # 102 Deland,	
	Apr-15-2003	L03000013473	
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:		
<u>EDSON PACHECO</u>			
	630-G Muscovy Circle Address	Deland – FL 32724 City – St – ZIP	
6 .	The name and address of the new regist	iered agent and/of office:	
	LUCY ME Nam	EYRE F. PATRICIO	
41	585 Lexington Ave # 102 .	Delegal - 51 32724	
		Deland - FL 32724	
	Address	City - St - ZIP	
		7	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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 yote of the mambers of the limited liability company or as otherwise provided in the articles of perating agreement of the limited liability company.

Signature of a member

Printed Name

I herely 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 Hability company has been notified in writing of this change.

Signature of a member Printed Name

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Business Choice, Inc.

4701 N. Federal Hwy # 365-C9 - Lighthouse Point, FL 33064