## ~L03000031499

(Requestor's Name)
(Address)
(Address)
( ladioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3/24 P/A Change
, · · · · · · · · · · · · · · · · · · ·
100 2466
WL 31499

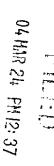
Office Use Only



100030905931

03/25/04--01010--001 \*\*25.00

W.J.



## 3/22/04

To: Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Fr: Carlsson North America

File# L02000031499

Kinetik LLC File# L02000021649

## Dear Sirs:

Enclosed please find forms to change registered agent for both businesses above mentioned, along with the required fee of \$25.00 for each one.

If you need to contact us for any further information or steps for us to follow, please call us at 305-715-0000 or fax us to 305-717-0199.

Thank you so much for you assistance in this matter.

Rosa Mejia 305-715-0000 4 +> n

INHS18(10/99)

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

Pursuant to the pro liability company su agent, or both, in the	bmits th	of sections 608.416 or 608.508, Florida Statutes, e following statement in order to change its regis f Florida.	the undersigned limited tered office or registered	
I. The name of the I	imited (	iability company is: Carlsson North America, LLC		
2. The mailing addre	ss of th	e limited liability company is: 8805 N.W. 23rd Street		
		Miami, Florida 3	3172	
08/22/2003_		L02000031499		
<ol><li>Date of filing/regi</li></ol>	stration	in Florida 4. Document number		
5. The name of the re Florida Departmen	gistere at of Sta	i agent and the registered office address as shown office:	n the records of the	
		Zero 34 Registration Corp.	1	
		Name		
	4	201 Alhambra Circle, Suite 711 Address	(	
	ļ			
	-	Coral Gables, Florida 33134 City, State and Zip	2 P	
6. The name and add	ress of	the new registered agent and/or office:	94 HM	
		Antonio J. Garcia	2	
		Name	. <u> </u>	
		8805 N.W. 23rd Street	# # <b>3</b>	
	, ,	Florida street address (P.O. Box NOT acceptable)	13	
			意情 <b>3</b>	
	_	Miami FL 33172  City, State and Zip		
confirmed that after and the business offi liability company, it the members of the I	the char ce of th is hereb imited l	iny is not organized under the laws of the State of Finge or changes are made, the Florida street address are registered agent will be identical. Or, in the case by confirmed that the change(s) was/were authorized in the areas provided in the areas.	of the registered office of a Florida limited I by an affirmative vote of	
the operating agreed	ent of t	he limited liability company.		
			1 :	
(Signature of a member or	authorize	representative of a member)		
Antonio J. Ga	rcia		. 1	
(Printed or typed name of				
I hereby accept the comply with the program I am familiar with Chapter 608, F.S. address, I hereby	appoint visions th and d by if thi ufirm th	ment as registered agent and agree to act in this ca of all statutes relative to the proper and complete p accept the obligations of my position as registered is a document is being filed to merely reflect a change at the limited liability company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.	
(Signature of Registered A	gent)		•	
α /	ivision	of Corporations, P.O. Box 6327, Tallahassee, FL	, 32314	

FILING FEE: \$25.00