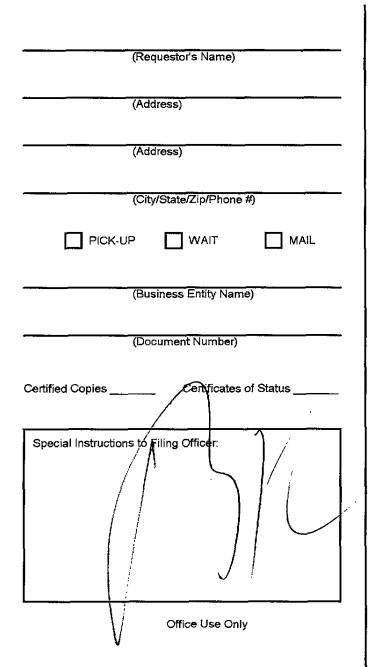
LU40000 25090





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DE NAR 16 MM 8: 42



ACCOUNT NO. : 072100000032

REFERENCE

COST LIMIT

ORDER DATE: February 24, 2006

ORDER TIME : 4:09 PM

ORDER NO. : 887186-010

CUSTOMER NO: 7522622

CHANGE OF AGENT

NAME: CIMENTO TUPI FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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.

ugent, or boin, in the blut	oj i ioriaa.			
1. The name of the limite	d liability company i	s: CIMENTO	TUPI FLORIDA, LLC	
2. The mailing address of	the limited liability	company is : _	515 East Las Olas Bou	ilevard, Alberto Koranyi
Ribeiro Suite 1020, Fort Lau	derdale, FL 33301			
				·
April 1, 2004			L04000025090	
3. Date of filing/registrati	on in Florida		4. Document num	ber
5. The name of the registe Florida Department of S	red agent and the reg State:	gistered office	address as shown o	n the records of the
	CT (Corporation Syste	em	
		Name		4.0
	1200 S	outh Pine Island	Road	
		Address		
Ft. Lauderdale, FL 33301				15 6 T
	City	y, State and Zi	p	19 - F
6. The name and address of	of the new registered	agent and/or o	office:	2036 MAR 16 PH 2: 20
	Corporat	tion Service Com	pany	
		Name		
	120	01 Hays Street		
	Florida street addre	ess (P.O. Box I	NOT acceptable)	
	Tallahassee	FL	32301	
	City,	State and Zip		
If the limited liability comeonfirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement	range or changes are the registered agent beby confirmed that the litted liability compan	made, the Flor will be identich he change(s) v ny or as otherw	rida street address of al. Or, in the case of vas/were authorized	of the registered office of a Florida limited I by an affirmative vote
(Signature of a member or authori		at any		
(Signature of a member of authori	zed representative of a men	noer)		
Alberto Ribeiro, President				
(Printed or typed name of signee)				
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if t address, I hereby confirm	ntment as registered s of all statutes relati l accept the obligation his document is being that the limited liabi	agent and agrive to the proposts of my posit grilled to mere lity company h	ee to act in this cap er and complete pe ion as registered a ly reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	Sylvia Queppet, Asst. Vic	e President		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00