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TION SERVICE COMPAN'	ι.			
	ACCOUNT NO.	:	I2000000195	
	REFERENCE	:		
	AUTHORIZATION	:	Spullelena	~
	COST LIMIT	:	\$ 25.00	
ORDER DATE :	January 30, 2013			
ORDER TIME :	10:11 AM			
ORDER NO. :	513634-005			
CUSTOMER NO:	7887179			
	CHANGE OF A	<u>.GEN'</u>	<u>T</u>	
NAME:	INTERNATIONAL	, HO	LDINGS, LLC	2013 JAN 30 AM 10: 0 SEURETARY OF STATE FALLAHASSEE FLORID
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILING:	30 ARY O
ZX CERTI PLAIN	FIED COPY STAMPED COPY			AM 10: 08 OF STATE FLORIDA
CONTACT PERSO	N: Carina L. Dun	lap	EXT# 52951	

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.

in the state of Piortua.			
1. Name of the limited liability company: <u>INTERNATI</u>	IONAL HOLDINGS, LLC		_
 (a) Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>) 	ny: 9725 NW 117 Avenue 300 Miami, FL 33178		~ -
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			- - -
. 05/17/2004	L04000037425		_
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of	State:	
Registered Agent:	Clayton E. Parker	FX	2013
Registered Office Address:	200 South Biscayne Blvd.	AHA	X =
	39th Floor Miami, FL 33131	SEA SEA	30 A
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address: Corporation Service Company	OF STATE E FLORID	
NEW Registered Agent:		<u> </u>	- ω
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	_	
•	Tallahassee ,FL	32301	_
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office an case of a Florida limited liability con I by an affirmative vote of the membe	nd the busir mpany, it is ers of the li	ness s imited
Maurcen Cathell, Authorized Person (Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notific	agree to act in this capacity. I furth proper and complete performance of an as registered agent as provided for a change in the registered office addi ed in writing of this change.	er agree to my duties, r in Chapte ress, I herc	and I er 608, by
By: Our Medital Corporation Service Company			

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