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SECRETARY OF STATE

APR -5 AM 10:

US CorpWorks Inc.
An affiliate of National Registered Agents, Inc.
1638 Pennsylvania Street
Denver, CO 80203
888-967-5799
Fax: 303-393-8900

March 29, 2007

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Cervantes Marine LLC

Enclosed is the following for filing in your office:

Statement of Change of Registered Agent—Foreign LLC. Check for \$35

Please return evidence of the change of agent to the address above. If, for any reason filing cannot be made, please call the toll-free number listed above or contact me by email.

Regards.

Dana Walkei

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.

	0	natas Manino III O	•		
1. The name of the limited liability	y company is: Cerv	antes Marine LLC			<u>—·</u>
2. The mailing address of the limi	ted liability compan	y is :			<u>_</u> .
1475 Lawrence Street, Suite 400, De	nver, Colorado 8020	2			
11/29/2004		L04000086057			
3. Date of filing/registration in Florida		4. Document number			
5. The name of the registered agen Florida Department of State:	t and the registered	office address as shown o	n the records of	the	
CT Corp	oration System				
Name			₹	0	
1200 South Pine Island Road			£8	7 A	
	Addre	ess	全 辩	07 APR	
Plantation, FL 33324			<i>8</i> ,7 ₹	J J	<u></u>
City, State and Zip			ÄŽ		CELLED
6. The name and address of the new registered agent and/or office:			는 ST 무의	AM 10: 1	U
NRAI Sei	rvices, Inc.		g A	-6	
2731 Exe	Name ecutive Park Drive, Su	lite 4		0.	
Florida	a street address (P.O	. Box NOT acceptable)			
Weston	FL	33331			
	City, State a	nd Zip			
If the limited liability company is reconfirmed that after the change or and the business office of the regis liability company, it is hereby confithe members of the limited liability the operating agreement of the limit	changes are made, the tered agent will be i	he Florida street address of dentical. Or, in the case of	of the registered of of a Florida limit	office ed	of
(Signature of a member or authorized represen	ntative of a member)				
Patrick E. Meyers (Printed or typed name of signee)					
I hereby accept the appointment accomply with the provisions of all stand I am familiar with and accept Chapter 608, F.S. Or, if this docur address, I hereby confirm that the INRAL Services, Inc. (Signature of Registered Agent) Michael Mirrione, Asst. Secretary				agree t duties for in office hänge.	<i>o</i> ,
Division of Cor	porations, P.O. Bo	x 6327, Tallahassee, FL	32314		

INHS18(10/99) FILING FEE: \$25.00