

AUG-31-2005 (WED) 17:34 CARLTON FIELDS

P. 001/002

Division of Corporations

LD5 000036025

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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813) 223-7000
Fax Number : (813) 229-4133

REGISTERED AGENT CHANGE

COSMART LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

05 SEP - 1 AM 8:00
DIVISION OF CORPORATIONS

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: COSMART LLC
2. The principal office address: 201 ALHAMBRA CIRCLE, SUITE 901 CORAL GABLES, FL 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/11/2005 Document number: L05000036025

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GRAVIER, LEONARDO D. JR.
201 ALHAMBRA CIRCLE, SUITE 901
CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CFRA, LLC
CORPORATE CENTER THREE AT INTERNATIONAL PLAZA
(P.O. Box NOT acceptable)
4221 W. BOY SCOUT BLVD., 10TH FL, TAMPA, FL 33607-5736

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of Enrico Baldovini, Manager
ENRICO BALDOVINI, MANAGER

I hereby 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of William D. Rohrer
AUGUST 31, 2005

If signing on behalf of an entity:
WILLIAM D. ROHRER, Authorized Representative

*** FILING FEE: 535.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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