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COVER LETTER

Division of Corporations					
SUBJECT: Goten ber	me of Limited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Regi	stered Office Change and fee(s) are submitted for filing.				
Please return all correspondence con	cerning this matter to the following:				
PABLO PULIDO					
Gutenberg Impo	+ 1 Export, LLC				
1200 Brickell	Ave, Site 1450/70 GRETARY				
Histori, FL, 3B/ (City/State and Zip Coo	Ave, Suite 1450/70 SECRETARY OF STATE O				
For further information concerning the	•				
PABLO PULIDO	at (786) 2140788 (Area Code & Daytime Telephone Number)				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the f	ollowing amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

TO: Registration Section

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

Pursuant to the provisions liability company submits the agent, or both, in the State of	he following staten A Florida	nent in order t	o change	its register	red office	or regist	ered
1. The name of the limited l	iability company is	s: Guten	iberg .	mpor	140	trock	u
1. The name of the limited I 2. The mailing address of the	ne limited liability of	company is : _	1200	<u>Bricke</u>	ll .	Ave,	<u> </u>
Suite 1450/7	0, 7. am	, +L, 53	.151				<u></u> .
9/23/2005			205	00009	73261	<i>'</i>	
3. Date of filing/registration	in Florida		4. Docum	ent numbe	r		
5. The name of the registerer Florida Department of Sta			iddress as	shown on 1	the record	s of the	
_	2731 Ex	Name ecutive	Park	Driv	e, s	vite	4
	Weston,	Address	331				
_	City	, State and Zip)				
6. The name and address of					Z.		
	PABLO PO	ULIDO	•		Ę	07	
	1200 Brida Street addre	Name / Ave	ر ماک ر <u>د</u>	ite 14	50g	10°-8	
	Florida street addre	ss (P.O. Box N	IOT accep	table)	EF.	70	
Hi	ami , City,	FL ,	33131		107	PM 12:	
\	City,	State and Zip			7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00		
If the limited liability compaconfirmed that after the char and the business office of the liability company, it is hereb of the members of the limite or the operating the ement of the operating the limite or the operating the limite of the operating the limite of the operating the limite of the operating the limite or the operating the limited of the operating the limited of the limited limited the limited lim	nge or changes are not be registered agent was confirmed that the diability companion the limited liability.	made, the Florivill be identicate change(s) was otherwitty company.	ida street a	iddress of t	he registe	red office	e ote on
(Signature of a member or authorized	=	ber)				•	
PABLO P	LIDO						
(Printed or typed name of signee)							
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 608, 175 Or, if this address, I hereby confirm the	nent as registered of all statutes relative cept the obligation document is being at the limited liabil	agent and agre ve to the prope ins of my positi g filed to merel lity company ho	ee to act in er and com ion as regi y reflect a as been no	this capac plete perfo stered age change in tified in wi	city. I furi ormance of nt as prov the regist riting of th	ther agree f my duti ided for i ered offic iis chang	e to es, n :e :e.
(Signature of Registered Agent)							

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

INHS18 (8/05)