L05000100278

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
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Office Use Only



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SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN UCI 1-1 2006

COVER LETTER

| Division of Corporations | | |
|--|---|--|
| SUBJECT: Pathfinder Maritime LLC | | |
| (Name of I | Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered C | Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | this matter to the following: | |
| Mr. Gonzalo Marquez | | |
| (Name of Person) | O6 SE | |
| Mobius Security Group LLC | SECRETARY OF SKITCH STRING OF OCT 10 PM 2: 04 | |
| (Firm/Company) | P | |
| 3471 N. Federal Highway, Suite 500 | O PM 2: 04 | |
| (Address) | F 55 | |
| Ft. Lauderdale, FL 33306 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter | er, please call: | |
| Harrison Wheeler | at (954) 653-4700 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following | ng amount: / | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

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 kability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| agent, or both, in the Stat | e of Florida. | |
|--|--|---|
| 1. The name of the limite | ed liability company is: Pathfinder Maritime LLC | |
| 2. The mailing address o | f the limited liability company is : 3471 N. Federal | Highway, Suite 500 |
| Ft. Lauderdale, FL 33306 | | |
| 10/12/05 | L0500010027 | 3 |
| 3. Date of filing/registration in Florida 4. Document num | | |
| 5. The name of the register Florida Department of | ered agent and the registered office address as sho State: | wn on the records of the |
| • | Pathfinder Maritime LLC | |
| | Name | |
| | 3471 N. Federal Highway, Suite 500 |)61 SE |
| | Address | |
| | Ft. Lauderdale, FL 33306 | 一幅 |
| | City, State and Zip | |
| 6. The name and address of the new registered agent and/or office: | | |
| , | Mr. Kim Petersen | FLED STATE OF STATE HE OF CORPORATIONS OF OCT 10 PH 2: 04 |
| | Name 3471 N. Federal Highway, Suite 500 | 0 , |
| | Florida street address (P.O. Box NOT acceptab | le) |
| | Ft. Lauderdale, FL 33306 | |
| | City, State and Zip | |
| confirmed that after the cland the business office of liability company it is he | npany is not organized under the laws of the State hange or changes are made, the Florida street addithe registered agent will be identical. Or, in the creby confirmed that the change(s) was/were authorited liability company or as otherwise provided into of the limited liability company. | ress of the registered office case of a Florida limited rized by an affirmative vote |
| (Signature of a member or author | 22 Sept 2006_ | |
| (Signature of a member or author | ized representative of a member) | |
| Gonzalo Marquez | | |
| (Printed or typed name of signee) | | |
| I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm | intment as registered agent and agree to act in thi is of all statutes relative to the proper and comple d accept the obligations of my position as register his document is being filed to merely reflect a cha that the limited liability company has been notificenty | s capacity. I further agree to te performance of my duties, ed agent as provided for in inge in the registered office ed in writing of this change. |

(Signature of Registered Agent)

myanne

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

NHS18 (8/05)