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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2007

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We have received your document for MWTC CONSULTING L.L.C. and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

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DEPAIN OF CORPORATION
DIVISION OF CORPORATION

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

Fursiant 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 affice or registered again, or both, in the State of Florida.

1. The name of the limited liability company is: MWTC CONSULTING, LLC

agent, or both, in the sta	ve vj r tortua.	
1. The name of the limit	ed liability company is:	MWTC CONSULTING, LLC
2. The mailing address of	of the limited liability co	impany is: PLAZA CAGANCHA 1358 OF. 703
MONTEVIDEO, 11.1	00 - URUGUAY	
MWTC CONSULTING	3, LLC	L05000108714
3. Date of filing/registra	tion in Florida	4. Document number
		tered office address as shown on the records of the
Florida Department of		rate Sarvices, Inc
	1001 Brickel	Name Bay Drive, Suite 3112
		Address FL 3112
		State and Zip
6. The name and address	of the new registered as	gent and/or office:
	FLORIDA FILING	SEARCH SERVICES INC.
	155 Office Pi	łamo aza Drive, Suite A
	Florida street address	(P.O. Box NOT acceptable)
	Tallahasses 32301	PL
	City, St	inte and Zip
If the limited liability cor- confurned that after the be- and the business of the fu- liability complety it is not used in or the there are the pro- tor the cherry are not used.	repurple terms agent whereby point immed that the nited liability company of the liability	ander the laws of the State of Piorida, it is hereby ade, the Florida street address of the registered office il be identical. Or, in the case of a Florida limited change(s) wastwere anthorized by an affirmative vote of as otherwise provided in the articles of organization company.
Portland Finance S.A.	Federico Ponce de Le	•
(Printed or nyead name of signes)		
I hereby accept the appo comply with the provision and I om familiar with ap Clippler 608. F.S. Or. If address, I hereby confirm	intment as registered ag is of all statutes relative of accept the obligative this document is being for face the lighted liability	ent and agree to got in this capacity. I further agree to to the proper and complete performance of my dules, of my position as registered agent as provided for in its to merely reflect a clange in the registered office, company has been notified in writing of this change.
(Planulars of Registered Again)		
Divisio	n of Corporations, P.O). Box 6327, Tallahasses, FL 32314

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