2008 LIMITED LIABILITY COMPANY

SIGNATURE

Apr 29, 2008 8:00 am Secretary of State **DOCUMENT # L07000022866** 1. Entity Name 04-29-2008 90021 014 ***138.75 INVESTMENTS & STEEL COMPANY LLC Principal Place of Business Mailing Address 701 BRICKELL AVE. CALLE AQUILINO DE LA GUARDIA NO. 8 IGRA BUILDING, 2ND FLOOR **SUITE 3000** 60031213 PANAMA, REPUBLIC OF PANAMA, MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change Ch Addition TITLE ☐ Defete TITLE PIEDRAHITA SIRETTHORST, GILBERTO DE JESUS PIEDRAHITA STREITTHO, GILBERTO DE JE NAME CARRERA 42 NRO. 32 - 10 ITTAGLIT 5 STREET ADDRESS CALLE AQUILINO DE LA GUARDIA NO. 8 STREET ADDRESS ANTIQUIA, COLOMBIA PANAMA, REPUBLIC OF PANAMA, CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receipts or trustee empowered to specule just report as required by Chapter 608, Florida Statutes.

DE JESUS PIEDRAHITA SIRETTHORST

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 28,

Daytime Phone #

Date

FILED