

Florida Department of State

Division of Corporations
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Account Number : 110432003053

Phone (561)694-8107

Fax Number : (561)694-1639

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR VIA GMANN VITI TIGALI I MATEM I GAR HTOR

Pursuant to the provisions of sections 608.416 or submits the following statement in order to change to	is registered office or registered agent, or both, in t		
1. The name of the limited liability company is: Are			
2. The mailing address of the limited liability compa	uly is: 5301 BLUE LAGOON DRIVE, Suita 600		
Mismi FL 33(26			
4/20/2009	L0900037827		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the records of the	SE	
	ATIONS NETWORK INC.		ngraj.
	Name	MAY CRE	1 1
11360 PROSPERIT	Y FARMS ROAD #221E	ASS.	-
DATE DE ACTICA	Address	~~~	
	RDENS FL 33410 ity, State and Zip		
	•	AMII: OF ST	
3. The name and address of the new registered agen		FLORI	
Alvarez, Almazan &	Sarbara LLP Name	Sui o	
2701 South Bayshor		-	
Florida street add	ress (P.O. Box NOT acceptable)		
Miami	FI. 33133		
C	ity, State and Zip		
If the limited liability company is not organized and or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability an affirmative vote of the members of the limited liability companing agreement or authorized representative of a member or authorized representative of a member or authorized representative of a member of a member of authorized representative of a member of	te registered office and the business office of the reg by company, it is hereby confirmed that the change(s bility company or as otherwise provided in the artic pany.	istered agent will be s) was/were authorize	d by
(Printed or Typed name of signes)	s atty in eact		
I hereby accept the oppositionent as registered agent of all statutes relative to the proper and complete permy position as registered agent as provided for in Clim the registered office address. Thereby confirm that	rformance of my duties, and I am familiar with and hapter 608, F.S. Or, if this document is being filed t	accept the obligation to merely reflect a chi	u of ange
Division of Corporation INHRIBITION 1	s. P.O. Box 6327. Tallahassee. FL 32314		

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E

Palm Beach Gardens FL 33410 (561) 694-8107