L09000052795

| (Re | equestor's Name) | |
|-------------------------|--------------------|--|
| (Ac | idress) | V de de de la control de la c |
| (Ar | ddress) | |
| (| .u. 000, | |
| (Ci | ty/State/Zip/Phone | ∋#) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bı | usiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | • |
| | | |

Office Use Only



800163329698

B. KOHR

DEC 1 4 2009

EXAMINER



| ON SERVICE COMPANY | | ~1 | | |
|---|--------------|----------|--|--|
| ACCOUNT NO. | : 1200000019 | 5 09 150 | | |
| REFERENCE | : 020069 | 7123007 | | |
| AUTHORIZATION | : Smell de | na e | | |
| COST LIMIT | : \$25.00 | 6. | | |
| ORDER DATE: May 29, 2009 | | رع | | |
| ORDER TIME : 3:03 PM | | | | |
| ORDER NO. : 020069-010 | | | | |
| CUSTOMER NO: 7123007 | | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| | | | | |
| NAME: CORCEL INVESTMENT LLC | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | |
| CONTACT PERSON: Matthew Young | EXT# 2962 | | | |
| | EXAMINER: _ | | | |

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

| Name of the limited liability company: | CORCEL INVESTMENT LLC |
|---|--|
| 2. (a) Principal office address of limited liability con | npany: |
| (Note: MUST BE STREET ADDRESS) | 3547 WEST GULF DRIVE 3 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | 3547 WEST GULF DRIVE SANIBEL FL 33957 |
| 06/01/2009 | L09000052795 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office show | n on the records of the Florida Dept. of State: |
| Registered Agent: | CORPORATION SERVICE COMPANY |
| Registered Office Address: | 1201 HAYS STREET TALLAHASSEE FL 32301-2525 US |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | NEW Registered Office address: JORGE GALANTE |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3547 WEST GULF DRIVE SANIBELL ,FL33957 |
| If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com /S/ JORGE GALANTE Signature of a member or authorized representative of a member | the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited ige(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization apany. |
| JORGE GALANTE Printed or typed name of signee | |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con | and agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in the merely reflect a change in the registered office by any has been notified in writing of this change. |
| /S/ JORGE GALANTE | |

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

Signature of Registered Agent