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Office Use Only



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COVER LETTER

| Divisio | n of Corporations | | | | | |
|------------------|--|---|---|----------------|----------------------|--------|
| SUBJECT: _ | Fulv | Fulwood Latin America LLC | | | | |
| _ | Name of | Limite | d Liabili | ity Company | | |
| Dear Sir or Ma | dam: | | | | | |
| The enclosed R | legistered Agent/Registered | Office | Change | and fee(s) ar | e submitted for fi | iling. |
| Please return al | ll correspondence concernin | g this n | natter to | the following | g: | |
| | Joe B. Cox | | | | | |
| | Name of Person | **** · **** | | _ | | |
| Cox | k & Carlson, Attorneys at Firm/Company | LAw | <u>, , , , , , , , , , , , , , , , , , , </u> | - | | |
| 118 | 35 Immokalee Road, Ste. | 1 10 | | _ | | |
| • | | | | | | |
| · - | Naples, Florida, 34110 City/State and Zip Code | | | - | | |
| | icox@coxcarlson.com : (to be used for future annual report | | | - | | |
| or further into | rmation concerning this mat | tier, pie | ase can: | | | |
| | Joe B. Cox | at (_ | 239 |) | 438-4610 | |
| N | lame of Person | | A | rea Code & Day | time Telephone Numbe | ≱r |
| STREET | COURIER ADDRESS: | MAILING ADDRESS: | | | | |
| | ion Section | Registration Section | | | | |
| | of Corporations | ns Division of Corporations P.O. Box 6327 | | | | |
| | cutive Center Circle ec, Florida 32301 | Tallahassee, Florida 32314 | | | | |
| Enclosed | i is a check for the followi | ng amo | unt: | | | |
| ✓ \$25 F | | - | | Filing Fee & | & Certified Copy | |
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INHS18 (5/08)

TO: Registration Section

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.

| 1. Name of the limited liability company: | Fulwood Latin America LLC | | | | |
|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability compar | ny: 6538 Collins Ave #286 | | | | |
| (Note: MUST BE STREET ADDRESS) | Miami Beach, Fl. 33141 | | | | |
| (b) Mailing address of limited liability company: | 6538 Collins Ave. #286 | | | | |
| (Note: MAY BE POST OFFICE BOX) | Miami Beach, FL 33141 | | | | |
| 3/16/2010 | L10000029497 | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | | | | |
| Registered Agent: | Apex Corporate Services LLC | | | | |
| Registered Office Address: | 320 85th Street #14 Miaml Beach, FL 33141 | | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: | | | | |
| NEW Registered Agent: | Joe B. Cox | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1185 Immokaiee Road Ste. 110 Naples ,FL34110 | | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote | | | | |
| Iris Coronado Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pranal am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is heing filed to me address. I hereby confirm that the limited liability companions of Registered Agent Division of Corporations, P.O. Box 63 FILING FEE: \$10,000.000.000.000.000.000.000.000.000.0 | y has been notified in writing of this change. | | | | |