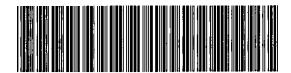
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PICK-UP WAIT MAIL
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EXAMINER

SECNETARY OF STATE

2612 FFR 20 PM 1

STATEMENT OF CHANGE OF REGISTERED OFF	ICE OD DECISTEDED ACENT OD	
BOTH FOR LIMITED LIABILITY COMPANY (HANGE ALSO BOTH MER HINRA SOUTE Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	EVZAQUEN) FROM HIAMIFE 3313 508, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company: HI K	POLLER GROUP LLD	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	Ugo V. Chiarato	
	1680 Michigan Ave. Ste. 1022	
(b) Mailing address of limited liability company:	Miami Beach, FL 33139	
(Note: MAY BE POST OFFICE BOX)		
04/28/2010	110 mag 45600	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	· -	
Registered Agent:	ALL BON KOLTUN	
Registered Office Address:	1717 N. BAY SHOPENET 116	
	MIVHI ET ELL I	
(b) Enter name of NICSS/ Desistant A next and/or NIC	W Paristand Office address	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address		
NEW Registered Agent:		
NEW Registered Office Address:	Ugo V. Chiaraton	
(MUST BE FLORIDA STREET ADDRESS)	1680 Michigan Ave. Sec. 1022	
	Miami Beach, FL 33139, FL	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability/company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member	- -	
EUGENIO MARRAPODI		
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 property and I am familiar with and accept the obligations of my possible to the process of the pro	agree to act in this capacity. I further agree to coper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.	
Signature of Registered Agent		

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