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Florida Department of State
Division of Corporations
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To: Division of Corporations
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L. SELLERS

AUG 17 2011

From: Account Name : ALONSO & GARCIA, P.A.
Account Number : I20020000031
Phone : (305) 448-3898
Fax Number : (305) 443-9073

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
SK WORLDWIDE, LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.414 or 605.508, 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: SK WORLDWIDE, LLC

2. (a) Principal office address of limited liability company: 8230 NW 14 Street

(Note: MUST BE STREET ADDRESS) North FL 33126

(b) Mailing address of limited liability company: 6805 Blue Lagoon Dr Ste 200

(Note: NEED BE POST OFFICE BOX) Miami, FL 33126

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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: SWARGO, TIM

Registered Office Address: 12501 NW 128TH STREET 202

MIAMI FL 33187 US

(b) Former name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: AS CORPORATE SERVICES LLC

NEW Registered Office Address: 5605 BLUE LAGOON DR STE 200

(Note: NEED BE POST OFFICE BOX) MIAMI FL 33126

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change is made, the Florida street address of the registered office and the business office of this 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 substantiated by an affirmative vote of the members of the limited liability company or that same was/were used in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signed: [Name], authorized representative of a member

[Signature]
Typed or printed name of Agent

I hereby declare the information on registration agent and office to be in full compliance with the provisions of the Florida Statutes relative to the proper and complete performance of its duties. I also declare that the information on registration agent and office is in full compliance with the provisions of the Florida Statutes relative to the proper and complete performance of its duties. I also declare that the information on registration agent and office is in full compliance with the provisions of the Florida Statutes relative to the proper and complete performance of its duties.

[Signature]
Signed: [Name], authorized representative of a member

Division of Corporations, P.O. Box 6317, Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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