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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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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 605,0114 or 605,0116. 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.

(a)	222 U.S. Hwy 1. Suite 216		(b) 222 U.S. Hwy 1, Suite						
ία,	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		(0)_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Tequesta, FL 33469		7	equesta,	FL 33469				
		_	_						
	01/26/2011		1,1	1000011	248				
	Date of filing/registration in Florida	4.			Document nu	mber	*****		
(a)	Michael J. Wiggins, Esquire								
	Registered Agent and Registered Office shown on the records of	the Flor	da De	pt. of Stat	e.				
(b)	111 North Magnolia Avenue, Suite 1200					۲.,۲		~>	
	Registered Office Address (MUST BE FLORIDA STREET) McDonald Toole Wiggins, P.A.	ADDRE	<u>55)</u>		_	,	,	1023 1 E 2 G	
	Orlando	32801							;-
	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		 	⊒î #.	ζ.	
	801 US Highway 1						1; ²	26	
	NEW Registered Office Address:		•		_				
	North Palm Beach,	33408			_				
inge int w s/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe bility of the li limited	red o comp mitec liabi	ffice and any, it is Hiability lity con	d the business s hereby confu y company or apany,	office med th	of the	register change	red (s)
	ure of a member or authorized representative of a member	Sa —	ray D	jidji, And	orney in Fact				
_	we of a member or authorized representative of a member by accept the appointment as registered agent and agr	aa ta a	or in a	hie con	Printed or typed		•		el1
visič obli	ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have been accompleted to the change in the registered office address, I have been accompleted to the change in the registered of the registered	ec 10 ai Perfori Uor in	nanci Chaj	nis cupo 2 of my o 2 oter 605,	laties, and Lai L.F.S. Or, if th	agree n fami iš doc	- 10 con liar wi ument	apiv wi th and is being	in it acci g filo

Saray Djidji, Special Secretary