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February 10, 2011

FL Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Guardeagui International LLC

Dear Sir or Madam,

Enclosed are executed duplicate Statement of Change of Registered Office of Registered Agent of Both for the above-referenced entity. I have attached a check (#2132) for \$25 payable to the Florida Division of Corporations to cover the filing fees.

Once filed, kindly send to my attention via regular mail a plain copy of the filed evidence to my attention at the address listed on this letterhead.

Should you have any questions, feel free to call or email me at <a href="mailto:tmackay@nationalcorp.com">tmackay@nationalcorp.com</a>.

With all good wishes,

Tony/Mackay ( Branch Manager

## 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. Na	une of the limited liability company:	GUARDEAQUI INTERNATIONAL LLC
2 (a)	Principal office address of limited liability co	mpany 1500 SAN REMO AVENUE, SUITE 410
2. (u)	(Note: MUST BE STREET ADDRESS)	CORAL GABLES FL 33146
(b)	Mailing address of limited liability company:	
	(Note: MAY BE POST OFFICE BOX)	CORAL GABLES FL 33148
	2/7/07	M07000000752
3. Da	te of filing/registration in Florida	4. Document number
5. (a	) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
		MIGUEL A VERDEJA
	Registered Agent:	
	Registered Office Address:	1500 SAN REMO AVENUE, Suito 410
	•	Coral Gales FL 33146
	NEW Registered Agent: NEW Registered Office Address;	
	MUST BE FLORIDA STREET ADDRESS	
		Taliahassee ,FL 32301
that a office hereb liabili jimite	fler the change or changes are made, the Florida of the registered agent will be identical. Or, in v confirmed that the change(s) was/were author	er the laws of the State of Florida, it is hereby confirm a street address of the registered office and the busine in the case of a Florida limited liability company, it is rized by an affirmative vote of the members of the limiteles of organization or the operating agreement of the
	(SA CULLI C.) d or typed name of signee)	
l hero compl ant fu F.S. ( confir	eby accept the appointment as registered agent ly with the provisions of all statules relative to t miliar with and accept the obligations of my po Or, if this document is being filed to merely reflo m that the limited liability company has been n	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, a sition as registered agent as provided for in Chapter lect a change in the registered office address, I hereby notified in writing of this change.
(Signat	William C Mary W	JUCR.
	Division of Cornerations P.O.	) Roy 6327 'Fallahassee, Fi 32314

Division of Corporations, P.O. Box 6327, Tallahassee, FI, 32314 FILING FEE: \$25,00