

M12000003236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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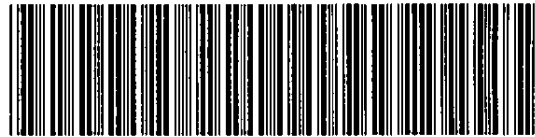
(Business Entity Name)

(Document Number)

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12 JUL -3 AM 10:04
FILED
2012 JUL -3 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 05 2012
EXAMINER



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 263597 7774853

AUTHORIZATION :

COST LIMIT : \$ 25

Signature

ORDER DATE : July 3, 2012

ORDER TIME : 11:03 AM

ORDER NO. : 263597-020

CUSTOMER NO: 7774853

CHANGE OF AGENT

NAME: CORECO CENTRAL AMERICA
PARTNERS I, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS: _____

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12 JUL -3 AM 10:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: CoreCo Central America Partners I, LLC

2. (a) Principal office address of limited liability company: 2121 SW 3rd Ave

(Note: **MUST BE STREET ADDRESS**)

Suite 350

Miami, FL 33129

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

6/7/2012

M12000003236

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:

C T CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324-0801

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

NEW Registered Agent:

CORPORATION SERVICE COMPANY

NEW Registered Office Address:

1201 HAYS STREET

(MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301-2525

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.

Joachim Alexander von der Goltz
Signature of a member or authorized representative of a member

JOACHIM ALEXANDER VON DER GOLTZ

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Troy Todd
Signature of Registered Agent

as its agent

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

FILING FEE: \$25.00