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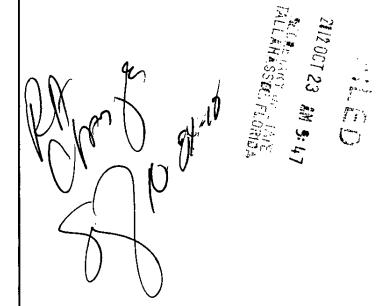
LAW OFFICES	Siegfried, Rivera, Lern De La Torre & Sobel, 1	ER, P.A.				
201 ALHAMBRA CIRCLE	SUITE 1102 CORAL GABLES, FLORII	DA 33134 -				
	(Address)					
	(City/State/Zip/Phone #)					
PICK-U	JP WAIT N	M AIL				
	(Business Entity Name)					
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Certified Copies	Certificates of Status					
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ci	hange is submitted for a cor	poration organiz	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	of Floric	la	_
	* * * * * * * * * * * * * * * * * * * *		HE GARDENS CON RKWAY, PALM BEACH			· •
3. The mailing	g address (if different): SAI	ME				
4. Date of incorporation/qualification: 1/18/07		1/18/07	Document number:	N07000000610		
	nd street address of the curr partment of State: (If resigne		ent and registered office on fil	e with the		
	BLANCO, ROBERT	го				
	201 ALHAMBRA C	4	P-5			
	CORAL GABLES, I	 FL 33134				1120
6. The name a		registered agent	(if changed) and /or registere	d office	TESSES.	112 OCT 23
	SKRLD, INC.				in m	
	201 ALHAMBRA C	IRCLE, SUITE			10000	9: 47
	CORAL GABLES, I					
The street add	dress of its registered official be identical.	e and the street a	ddress of the business office	of its reg	istered ag	zent,
Such change authorized by	was authorized by resolution the board, or the corporate	on duly adopted ion has been not	by its board of directors or t ified in writing of the chang	y an offic e.	er so	
× Sign	ature of an officer or director	· 	TOM VAN RIIN	PRES!	DENT	<u>. </u>
I hereby acce I further agre of my duties, document is b corporation h	ept the appointment as regi te to comply with the provi and I am familiar with and being filed merely to reflec has been notified in writing	stered agent and sions of all statu t accept the oblic t a change in the g of this change.	l agree to act in this capacity tes relative to the proper an gation of my position as regi registered office address, I	v d complete stered age hereby co	e perform ent. Or, i nfirm tha	nance if this it the
12		· · · · · · ·	9/26/1	2		
If signing on	Signature of Registered Agent behalf of an entity:		Date			
	LISA A. LERNER Typed or Printed Name	·				

* * * FILING FEE: \$35.00 * * *