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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: NUNO INC Z (Name of corporation)		
DOCUMENT NUMBER: POCOCOCO 4285		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
EDDIE BEIRA		
(Name of person)		
NUNO INC TI (Name of firm/company)		
4611 JOHNSON RD SUITE # Z (Address)		
COCONUT CREEK FL 33073 (City/state and zip code)		
For further information concerning this matter, please call:		
ERIN KAFKA at (954), 479-1407 (Name of person) (Area code & daytime telephone number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _ to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: COCONUI 3. The mailing address (if different): 13/2000 Document number: 4. Date of incorporation/qualification: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. (Signature of an officer of director) Printed or Smed name and title 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

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

(Capacity)

If signing on behalf of an entity:

(Typed or Printed Name)