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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222~1092

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1 (850)222-9428

REGISTERED AGENT CHANGE

HULL & HERRERA CORP.

Certificate of Status	6
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DIVISION OF CORPORATIONS

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, the undersigned corporation organized under the laws of the State of Florida	
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation : Hall & Herrers Corp.	
2. The mailing address of the corporation : 9420 West Flagler Street, #207, Miami, FL 33174	
3. Date of incorporation/qualification: 3/20/2000 Document number: P00000033333	
4. The name and address of the current registered agent and office:	1=
Gebriel Huli	
9420 West Flagler Street, #207	r-3
Mizmi, FL 33174 —	₹ S
Mismi, FL 33174 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	DIVISION OF
C T Corporation System	CORP
c/o C T Corporation System, 1200 South Pine Island Road.	OR A
Planterion, Florida 33324	CORPORATIONS
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	S
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
-	
Oabriel Hull, Vice Printellet (Frinted or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation. 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. CT Campbiation System SPECIAL ASSISTANT SECRETARY (Signature of Roginsted Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

P.O. Box 6327

Tallahassee, FL 32314