P00000098522

CCRS 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 CONTACT: CINDY HICKS DATE: REF. #: nc CORP. NAME: () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () UCC-1 STATE FEES PREPAID WITH CHECK# AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: COST LIMIT: \$ PLEASE RETURN: CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY () CERTIFICATE OF STATUS COULLIETTE NOV 0 8 2000 Examiner's Initials

Florida Department Of State, Kathrine Harris, Secretary Of State

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 and to reflect a change of officer and/or director.

- 1a. The name of the corporation is: Moncada, Inc.

 1b. Date of incorporation: October 19, 2000 Document Number: P00000098522

 2. The name and address of the current registered agent and office: Thomas T. Ross, Esq≥

 Ste. 1700, 255 S. Orange Avenue

 Orlando, FL 32801
- 3. The name and address of the new registered agent and office: CorpDirect Agents
 (P.O. Box Not Acceptable) 103 N. Meridian Street Lower Level
 Tallahassee, FL 32301

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE COM WOLFE

Registered Agent Pam Wolfe

DATE 11-8-00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045

FILING FEE \$35.00