

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hydroade, Inc.
Name of Corporation

DOCUMENT NUMBER: P01000047959

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:

Irma Montes
Name of Contact Person

Hydroade, Inc.
Firm/Company

4900 North Ocean Blvd. Apt 1615
Address

Fort Lauderdale FL 33308
City/State and Zip Code

ximenamontes@hidrosorb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey V. Nelson at (954) 8062050
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hydroade, Inc.
2. The principal office address: 4900 North Ocean Blvd. Apt 1615
Fort Lauderdale FL 33308
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/14/2001 Document number: P01000047959

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeffrey V. Nelson

121 Alhambra Plaza, Suite 1604

Coral Gables FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Irma Montes

4900 N Ocean Blvd., Suite 1615

P.O. Box NOT acceptable

Fort Lauderdale FL 33308

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.

Irma Patricia de Montes
Signature of an officer or director

Irma Montes

Printed or typed 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.

Irma Patricia de Montes
Signature of Registered Agent

June 28, 2012
Date

If signing on behalf of an entity:

N/A
Typed or Printed Name

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

FILED
12 JUL -5 PM 3:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE