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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: One World Development Group, Inc. (Name of corporation) |
| DOCUMENT NUMBER: PD3DDD 43475 |
| 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: |
| Lech Latox (Name of person) |
| One World Development Grup, Inc. (Name of firm/company) |
| 9603 SW 75 Street (Address) |
| CANCSVIL TZ 32638 (City/state and zip code) |
| For further information concerning this matter, please call: |
| Leah Lator at 305 262-645 (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 th | ne provisions of sections 60 | <i>7.0502, 617.0502</i> , | 607.1508, or 617.1508 | , Florida Statutes, |
|----------------------------------|---|---|--|--|
| this statement o | of change is submitted for a | corporation organ | iized under the laws of th | he State of |
| Floricla | in order to change | its registered offic | e or registered agent, o | r both, in the State |
| of Florida. | | | A | |
| 1. The name of | f the corporation: One L | Jurid D | evelopment G | rosp. Ins. |
| 2. The principa | al office address: 9603 | SW75. | stul | <u> </u> |
| , , _ | | | 2608 | |
| 3. The mailing | address (if different): | | | <u> </u> |
| 4. Date of inco | erporation/qualification: 4 | 17-03 | Document number: | 2030004347 |
| | nd street address of the curre | ent registered agent | and registered office on | file with the |
| Florida Depa | artment of State: | , | | TAR S |
| | Jose E. L | | | - 宗 |
| | 3501 5/2 | # 2"d 1 | Are #2500 | 五节 三 |
| | | | 40 1 7 | 一篇 2 回 |
| < The name of | and street address of the ne | | | enistered office (if |
| changed): | and siteet address of the he | w registeror agen | t (ii changeu) and for it | Segment of the Control of the Contro |
| | JOSC E. | Latour | | |
| | 9603 SL (P.O. BOX O | x personal mailbox NOT a | oceptable) | · · |
| | Gp.nesu | 11/2 B 3 | 32627 | <u>_</u> |
| The street addragent, as chang | ress of its registered office a | and the street addr | ess of the business offic | e of its registered |
| Such change wanthorized by | vas authorized by resolution the board, or the corporation | duly adopted by in has been notified | ts board of directors or it in writing of the chang | by an officer so |
| | er, chairman or vice chairman of the boar | | Printed or typed name and title) | Director |
| | | | | |
| l further agree performance o | to comply with the provision of my duties, and I am famili | ons of all statutes i for with and accen | relative to the proper and t the obligation of my p | id complete osition as |
| registered age | nt the appointment as registe to comply with the provision of my duties, and I am famili nt. Or, if this document is to Therebycomfixm that the c | being filed merely | to reflect a change in th | e registered |
| ojjice udaress/ | | orporution has be | on notification withing by | ins change. |
| | Signature of Registered Agent) | , <u></u> | (Date) | <u> </u> |
| If signing on beha | alf of an entity: | | | |
| | Contact (Typed or Printed Name) | · | Attorney | |
| | (Typed or Printed Name) | | (Canacity) | |

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