P03000055587

| (Re | equestor's Name) | ` | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | ne) | |
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FALLAHASSEE, FLORIDA

Achange News 4-27-09

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|---------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| SUBJI | ECT: H.R. PROEXPORT, INC. (Name of Co | orporation) |
| DOCU | MENT NUMBER: <u>P03000055587</u> | |
| The en | closed Statement of Change of Registered Office | e/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this matter | to the following: |
| | | |
| | Kimberl (Name of Cor | y Cipolato ntact Person) |
| | | |
| | Villanueva, Bajano (Firm/Co | das & Fitzgerald, LLP impany) |
| | 1000 Brickell A | venue, Suite 200 ress) |
| | Miami, F | Florida 33131 |
| | (City/State an | nd Zip Code) |
| For fur | ther information concerning this matter, please of | call: |
| | Kimberly Cipolato (Name of Contact Person) | at (<u>305</u>) <u>377-0086</u> (Area Code & Daytime Telephone Number) |
| Enclos | ed is a \$35.00 check made payable to the Depart | ment 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

| statement of change is submitted for a corp | 0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of Florida Office or registered agent, or both, in the State of Florida. | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. The name of the corporation: H.R. Pro | pexport, Inc. | | |
| 2. The principal office address: 8383 N.W. 68th Street, Miami, Florida 33166 | | | |
| 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: Ma | y 20, 2003 Document number: P03000055587 | | |
| 5. The name and street address of the curre Florida Department of State: (If resigned | ent registered agent and registered office on file with the distribution, enter resigned) | | |
| De la Pena Group, P | P.A. | | |
| 601 Brickell Key Driv | <u>ve, Suite 705</u> | | |
| Miami, Florida 33131 | | | |
| 6. The name and street address of the new (if changed): | registered agent (if changed) and /or registered office | | |
| <u>Villanueva, Bajanda</u> | s & Fitzgerald, LLP | | |
| 1000 Brickell Avenue (P.O. Bo | e, Suite 200 ox NOT acceptable) | | |
| Miami, Florida 3313 | 1 | | |
| The street address of its registered office as changed will be identical. | and the street address of the business office of its registered agent, | | |
| Such change was authorized by resolution authorized by the board, or the corporation | n duly adopted by its board of directors or by an officer so on has been notified in writing of the change. | | |
| | Lelipe MacLean (Printed or typed name and title) | | |
| (Signature of an officer or director) I hereby accept the appointment as regist I further agree to comply with the provisi of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing | (Printed or typed name and litte) tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete performance accept the obligation of my position as registered agent. Or, if this a change in the registered office address, I hereby confirm that the of this change. | | |
| (Signature of Registered Agent) | (Date) | | |
| If signing on behalf of an entity: | | | |
| (Typed or Printed Name) | | | |

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