## P04000105597

| Francis M. Switzer 1390 South Dixie Hwy. Suite 1108 Coral Gables, FL 33146 (Address) |      |  |  |  |
|--|------|--|--|--|
| (City/State/Zip/Phone #)   |      |  |  |  |
| PICK-UP WAIT   | MAIL |  |  |  |
| (Business Entity Name)   |      |  |  |  |
| , , , ,  |      |  |  |  |
|  |      |  |  |  |
| (Document Number)  |      |  |  |  |
| Certified Copies Certificates of Status  |      |  |  |  |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of chai  | provisions of sections 607.0502, 61<br>nge is submitted for a corporation o<br>r to change its registered office or r   | organized under the laws of the Sto   | ate of FLORIDA   |  |
|--|---|---|--|--|
| 1. The name of the   | he corporation: CERAMIC WAY,  | INC.  |  |  |
| 2. The principal   | office address: 8975 NW 25TH STF  | REET  |  |  |
|  | MIAMI, FL 33172   |   |  |  |
| 3. The mailing ac  | ddress (if different): SAME   |   |  |  |
| 4. Date of incorp  | oration/qualification: 7/16/04  | Document number: PO   | 04000105597  |  |
|  | street address of the current registerment of State:  | red agent and registered office on  | file with the  |  |
|  | STEFANIA BOLOGNA  | ESQ   | ·  |  |
|  | 150 SE 2ND AVENUE   | SUITE 1010  |  |  |
|  | MIAMI, FL 33131   |   |  |  |
| 6. The name and (if changed):  | street address of the new registered  | l agent (if changed) and /or registe  | red office AF  |  |
|  | FRANCIS M. SWITZE   | iR  | ARY<br>SSE   |  |
| 1390 SOUTH DIXIE HWY. SUITE 1108   |   |   |  |  |
|  | (P.O. Box NOT acco  |   | ORAL O   |  |
|  | CORAL GABLES, FL  | . 33146   | DA 7   |  |
| The street addre   | ss of its registered office and the s<br>be identical.  | treet address of the business offic   | ce of its registered agent,  |  |
| Such change wa<br>authorized by th   | s authorized by resolution duly ad<br>e board, or the corporation has be  | opted by its board of directors or<br>en notified in writing of the chan  | r by an officer so ge.   |  |
| Granfry  | e of an officer or director)  | GIANFRANCO CARC   |  |  |
| I hereby accept if further agree to of my duties, and document is bein corporation has | the appointment as registered age<br>o comply with the provisions of al<br>d I am familiar with and accept th<br>ng filed merely to reflect a change<br>been notified in writing of this ch | nt and agree to act in this capact<br>I statutes relative to the proper a<br>e obligation of my position as ret<br>in the registered office address,<br>ange. | ity<br>nd complete performance<br>gistered agent. Or, if this<br>I hereby confirm that the |  |
| tan)   | w. And  | 5/9/08  |  |  |
| . •  | nature of Registered Agont)   | (Date)  |  |  |
| If signing on bel  | nam of an entity:   |   |  |  |
| (T)  | yped or Printed Name)   |   |  |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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