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To:

Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERMATIONAL INC.

Account Number : 110432003053 Phone : (305)672-0686

fax Number : (305)672-9110

KECEIVED 15 JUN 10 AM 8: 00 ISIGN OF CORPORATION

REGISTERED AGENT CHANGE

GRUPO KETTAL NORTH AMERICA, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 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	n is: <u>GRUPO KETTAL N</u>	ORTH AMERICA, INC.	
2. The principal office address	: 147 MIRACLE MILE		
Coral Gables FL 33134			
3. The mailing address (if diff	erent):		
4. Date of incorporation/qualit	fication: 9/13/2004	Document Number:	P04000129240
5. The name and street address Florida Department of State American Information		agent and registered office	on file with the
One S.E. Thi	rd Ave., 28TthFloor		- 2. 8.
Miami FL 331	31		stered office
6. The name and street address (if changed):		ent (if changed) and /or regi	stered office
	eations Network Inc.		<u> </u>
11380 Prospe	erity Farms Road #221E (P.O. Box Not ucceptable		<u>F</u> G
Palm Beach (Gardens FL 33410	·/ ·-	705
The street address of its regi agent, as changed will be iden	stered office and the stree	et address of the business of	office of its registered
Such change was authorized authorized by the board, or the		ified in writing of the chang	e.
(Signature of an officer or	director)	by D. Stoutt as attorney-in-fact (Printed or Typed na	A. Alorda, President
I hereby accept the appointme. I further agree to comply w performance of my duties, and agent. Or, if this document is hereby confirm that the corpor	nt as registered agent and ith the provisions of all I am familior with and a s being filed merely to re	agree to act in this capacit statutes relative to the p scept the obligation of my pe flect a change in the registe	y. roper and complete osition as registered
(Signature of Registered A	<u> </u>	6/10/200	
		(Dute)
If signing on behalf of an entity	y:		
D. Stoutt, Assistant Secretary (Typed or Printed Name)			•
(Types of Triffed Halife)	•		

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

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139 (305) 672-0686