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Division of Corporations

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## Florida Department of State

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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

: (561)694-8107 Phone Fax Number : (561)694-1639

REGISTERED AGENT CHANGE

MARITIME CAPITAL GROUP 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 is order to change its registered affice or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Maritime Capital Group Inc.	
2. The principal office address: 1915 SW 21ST AVE	
FORT LAUDERDALE FL 33312	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/2/2004 Document Number: P040	
5. The name and street address of the current registered agent and registered office on file. Florida Department of State:	ر تر م کشور
PATRICK E NOVAK	
9100 S DADELAND BLVD, SUITE 1104	OS HAY
6. The name and street address of the new registered agent (if changed) and /or registered	70 02
<ul> <li>i. The name and street address of the new registered agent (if changed) and for registered (if changed):</li> </ul>	CORPORATION CORPORATION
Corporate Creations Network Inc.	PH 2: 14
11380 Prosperity Farms Road #221E	- ? N
(P.O. Box Not acceptable)	
Palm Beach Gardens FL 33410	20 A
The street address of its registered office and the street address of the business office of agent, as changed will be identical.	•
Such change was authorized by resolution duly adopted by its board of directors or b authorized by the board, or the corporation has been notified in writing of the change.	y an officer se
VIIII TONEY, by V. Hawk as a (Signature of an officer or director)  G. ROBERT TONEY, by V. Hawk as a (Printed or Typed name and ti	tty-in-fact
(, titles of a your million and a	ac)
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 of performance of my duties, and I am familiar with and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered off the people of this change.	as registered
(Date)	<del></del>
If signing on behalf of an entity:	
Valerie Hawk, Special Secretary (Typed or Printed Name)	
MAKE CHECKS PAYARI ETO ELOPIDA DEPARTMENT OR STATE	

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

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107