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SECRETARY OF STATE
TATE ANASSEF, FI ORIO

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: EROCG OVERSEAS (Name of Corporation	corb.
DOCUMENT NUMBER: 90 5 0000 44 1	5 Ψ
The enclosed Statement of Change of Registered Office/Agent and	d fee are submitted for filing.
Please return all correspondence concerning this matter to the following	lowing:
Trancia Tusi (Name of Contact Person	n)
EPOCA DVERSEA (Firm/Company)	is, corp.
165 WELLING SP (Address)	rings rd # (51
Long usood - f L (City/State and Zip Cod	32779 (e)
For further information concerning this matter, please call:	
(Name of Contact Person) at (4	ea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of St	ate.
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 chan	nge is submitted for	ns 607.0502, 617.050 r a corporation organ stered office or registe	ized under the la	aws of the Stat	e of Flocid	•
1. The name of th	ne corporation:	EROCA	OVERE	EAS	Corp.	
2. The principal of	office address:	LONGWOOD	^	65 (J 32879	# 151	
3. The mailing ad	dress (if different)	: 165 L	5 WEK ONGWOOD		prines rd	1 # 151
4. Date of incorpo	oration/qualification	n: 3/23/05		,	050000	44154
5. The name and a Florida Depart	ment of State:	e current registered a	-			
-		anda fus			etary	Treasurer)
-	<u>8964</u>	3 GREY YO	iwh Por	?nt		
-	OR	lando, FL	32836	• •		060
6. The name and (if changed):	street address of th	e new registered agen	nt (if changed) ar	nd /or register	ad office	G 19
-	Co	Ria Elena	Rincon	(२	STd 22	<u>≩</u> ∭
-		(P.O. Box NOT acceptable)			STATE Lerida	9: 03
-	Lon	bwood, fl	<u> 327</u>	79		
The street address as changed will be	s of its registered be identical.	office and the street	address of the b	ousiness office	e of its registere	d agent,
Such change was authorized by the	authorized by rese board, or the cor	solution duly adopted poration has been no	l by its board of tified in writing	f directors or l g of the chang	by an officer so e.	
to an	Stop Les fix e of an officer or directo	, r)		STA.	ne and title)	
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as comply with the I am familiar wil g filed merely to t been notified in w	s registered agent an provisions of all stats h and accept the obli- reflect a change in th riting of this change.	d agree to act in utes relative to igation of my po e registered off	n this capacit the proper an osition as regi ice address, I	y. d complete perfi istered agent. C hereby confirm	ormance or, if this that the
Ciria Ele	na Rincon nature of Registered Age	V	10/1	16/200	<u> </u>	
If signing on beh		,		(Date)		
.3 .6.	_					
	ped or Printed Name)					

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)