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SECRETARY OF STATE HS
DIVISION OF 30 PM 4: 14

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hibiscus VIIIAS Corporation (Name of Corporation)
DOCUMENT NUMBER: POSODO/35595
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARLOS B. DUQUE (Name of Contact Person)
Hibiscus Villas Corporation (Firm/Company)
1540 5-W. 120 Tem. (Address)
DAVIE, PL. 33325 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 215 31 08 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department 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

Pursuant to the provisions of sections 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.
1. The name of the corporation: HIBISCUS VILLUS Corporation. 2. The principal office address: 1540 S.W. 120 TEM. DAVIE, Fl. 3332
2. The principal office address: 15 40 S.W. 120 TEM. DAVIE, Fl. 3332
3. The mailing address (if different): S. A.A.
4. Date of incorporation/qualification: OCH4FOS Document number: POS000135595
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company.
Corporation Service Company. 27 11 Centerville Rd, Suite 400 Willmintong DE 19808
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
PARIOS B. DUGUE. 15 40 S.W. 120 Terr. (P.O. Box NOT acceptable) DAVIE, PL. 33325
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) (Signature of an officer or director) (Printed or typed name and title)
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 and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
How B. Judge 10-28-06, (Signature of Registered Agent) (Date)
(Date) If signing on behalf of an entity:
(Typed 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 * * *