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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

Change



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10-19-07

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|--|---|--|--|--|
| SUBJ | ECT: LOGICA OCEANICA INTERNA (Name of Corpo | TIONAL INC. | | |
| DOCU | JMENT NUMBER: PO5000143631 | | | |
| | aclosed Statement of Change of Registered Office/Ag | ent and fee are submitted for filing. | | |
| Please | return all correspondence concerning this matter to t | he following: | | |
| | Teresa Mulqueen (Name of Contact | Person) | | |
| LOGICA OCEANICA INTERNATIONAL INC. (Firm/Company) | | | | |
| 824 Regal Cove, Rd. (Address) | | | | |
| Weston, Fl. 33327 (City/State and Zip Code) | | | | |
| For fu | rther information concerning this matter, please call: | | | |
| Giulia | a Sollami-Hunte (Name of Contact Person) | (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

| statement of chan | rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida. |
|--------------------------------------|---|
| 1. The name of th | te corporation: Logica Oceanica International Inc. |
| | office address: 2900 Glades Circle, Suite 700, Weston Fl. 33327 |
| | |
| 3. The mailing ad Weston, Fl. 3 | dress (if different): 824 Regal Cove Road 33327 |
| | oration/qualification: 10/21/2005 Document number: PO5000143631 |
| 5. The name and Florida Depart | street address of the current registered agent and registered office on file with the ment of State: |
| <u> </u> | Mauricio Quintero |
| | 9101 Chambers St. |
| | 9101 Chambers St. Tamarac, Fl. 33321 |
| 6. The name and (if changed): | Mauricio Quintero 9101 Chambers St. Tamarac, Fl. 33321 street address of the new registered agent (if changed) and /or registered office |
| - | Teresa Mulqueen |
| <u>.</u> | 2900 Glades Circle, Suite 700, |
| , | (P.O. Box NOT acceptable) Weston FI. 33327 |
| - | weston Fi. 33327 |
| The street address as changed will l | ss of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change. |
| | Giulia Sollami, VP e of an officer or director) (Printed or typed name and title) |
| | the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this age is given been notified in writing of this change. |
| Fereno (| Surface (Segistered Agent) (Date) |
| If signing on beh | |
| | |
| (T) | yped or Printed Name) |

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