P06000015430

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPLETE HIGHWAY IDENTITY
Name of Corporation

DOCUMENT NUMBER: P06000065430

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:

MIRNESA MARTIN
Name of Contact Person

COMPLETE HIGHWAY IDENTITY
Firm/Company

1521 ALTON RD #571
Address

MIAMI FL 33139
City/State and Zip Code

MIRNESA@CHIINC.BIZ
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRNESA MARTIN at (954) 3246260
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

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2010

MIRNESA MARTIN
COMPLETE HIGHWAY IDENTITY, INC.
1521 ALTON RD - SUITE 571
MIAMI, FL 33139

SUBJECT: COMPLETE HIGHWAY IDENTITY, INC.
Ref. Number: P06000065430

We have received your document for COMPLETE HIGHWAY IDENTITY, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 610A00024688

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TALLAHASSEE, FLORIDA

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 FL *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: COMPLETE HIGHWAY IDENTITY
2. The principal office address: 1521 ALTON RD #571 MIAMI FL 33139
3. The mailing address (if different):
4. Date of incorporation/qualification: MAY 6 2006 Document number: P06000065430
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MIRNESA MARTIN
18850 Collins Ave Suite 440
Sunny Isles, FL 33160

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MIRNESA MARTIN
1521 ALTON RD #571
P.O. Box NOT acceptable
MIAMI FL 33139

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TALLAHASSEE, FLORIDA

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 — MIRNESA MARTIN, 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.

Signature of Registered Agent — 11/7/10, Date

If signing on behalf of an entity:

MIRNESA MARTIN
Typed 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)