

PO60000115999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

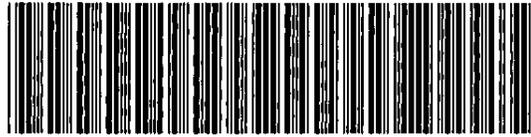
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000094175510

03/30/07--01016--014 \*\*35.00

*RA Change*

DEPARTMENT OF REVENUE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

07 MAR 30 AM 11:50

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 MAR 30 PM 1:40

FILED

*3/30/07  
AR*

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 03/30/07

REF. #: RA0676.66187

CORP. NAME: CENTINELA FOUR, INC.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION         | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                     | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION             | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                     | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION       |   |  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT |   |  |

STATE FEES PREPAID WITH CHECK# 520713 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**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 \_\_\_\_\_

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

**FILED**

2007 MAR 30 PM 1:40

- 1. The name of the corporation: CENTINELA FOUR, INC
- 2. The principal office address: ISIDORA GOYENCHEA 3621, OFFICE 1901  
LAS CONDES, SANTIAGO, CHILE
- 3. The mailing address (if different): ISIDORA GOYENCHEA 3621, OFFICE 1901  
LAS CONDES, SANTIAGO, CHILE
- 4. Date of incorporation/qualification: 9/07/2006 Document number: P06000115999
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

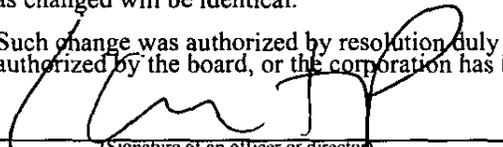
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

CORPDIRECT AGENTS, INC.  
515 E. PARK AVENUE  
 (P.O. Box NOT acceptable)  
TALLAHASSEE, FL 32301

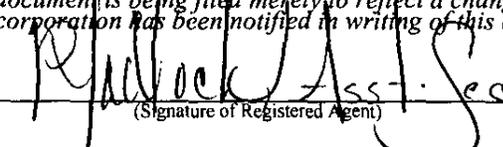
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

JUAN CRISTOBAL PAVEZ  
 \_\_\_\_\_  
 (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)

3-30-07  
 \_\_\_\_\_  
 (Date)

If signing on behalf of an entity:

PATRICIA TADLOCK  
 \_\_\_\_\_  
 (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