

P06000128473

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0380

From: Account Name : CORPORATE PROCESS SERVICE, INC.  
Account Number : I20040000106  
Phone : (305) 321-4457  
Fax Number : (305) 860-8575

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

CASTILLO COMMERCIAL INC.

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RA Change

12/18/06

DC

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

1. The name of the corporation: CASTILLO COMMERCIAL INC.
2. The principal office address: 2440 SW 67TH AVENUE, MIAMI, FL 33155
3. The mailing address (if different): C/O Corporate Process Services, Inc.  
2300 Coral Way, Suite 200, Miami, FL 33145
4. Date of incorporation/qualification: 10/06/2006 Document number: P06000128473

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATE PROCESS SERVICES, INC.

2300 CORAL WAY, SUITE 200

MIAMI, FL 33145

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

N/A

(P.O. Box NOT acceptable)

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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.

FRANCISCA E. MEDINA  
(Signature of an officer or director)

Francisca Elena Medina De Castillo  
(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.

Vivian Williams  
(Signature of Registered Agent)

12/18/06

(Date)

If signing on behalf of an entity:

VIVIAN WILLIAMS

(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)