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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Solo Rojo (Name of Corporation	n)			
DOCUMENT NUMBER: P 07 0000 58 9 7 9				
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:				
Molly E. HERNON (Name of Contact Person	on)			
Solo Rojo NC. (Firm/Company)				
519 5 TH Ct. (Address)	prince the state of the state o			
PAIM BEACH GALDENS (City/State and Zip Co.	+L. 33410 de)			
For further information concerning this matter, please call:				
Molly Headow at (9) (Name of Contact Person)	rea Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of S	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 OF CORPORATIONS TO AM 8: 00			
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July 18, 2007

MOLLY E. HERNON SOLO ROJO, INC. 519 5TH CT. PALM BEACH GARDENS, FL 33410

SUBJECT: SOLO ROJO, INC. Ref. Number: P07000058970

We have received your document for SOLO ROJO, 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 registered agent must sign accepting the designation.

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.

Letter Number: 007A00045425

Irene Albritton Document Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: Solo Poio, INC.
2. The principal office address: 519 5TH COURT Palm BEACH GARDENS
FL, 33410
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/16/2,007 Document number: 007(00058970
5. The name and street address of the <u>current registered agent</u> and registered office on file with the Florida Department of State: MOIIVE. HETON
400 via Royale # 3304
JUPITER FL 33458
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MOLLY E. HETON 519 5TH CH. PAIM BEACH GALDELS TL. 33440 (P.O. Box NOT acceptable) The street address of its registered office and the street address of the business office of its registered agent,
FL. 3340
(P.O. Box NOT acceptable)
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 fitte)
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.
(Sign ature, of Respitement Agents) 6/15/07 (Date)
If signing on behalf of an entity:
MOLLY E. HERNON —(Typod or Printed Name)—

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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