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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

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: D AELIS CORPORATION
2. The principal office address: 1857 Knight Ave., Orlando, FL 32826 (PLEASE NOTE: THE ADDRESS NUMBER WATER TRANSPOSED. WAS 1875 AND SHOULD BE 1857).
3. The mailing address (if different):
4. Date of incorporation/qualification: June 22, 2007 Document number: P07000072982
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Susana Ilea
1875 Knight Ave.
Orlando, FL 32826
1875 Knight Ave. Orlando, FL 32826 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Susana Ilea
Susana Ilea
1857 Knight Ave.
(P.O. Box NOT acceptable)
Orlando, FL 32826
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.
Susana Ilea; Pres. (Signature of an officer or director) Susana Ilea; Pres. (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) (Date)
If signing on behalf of an entity:
SUSANA ILEA (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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