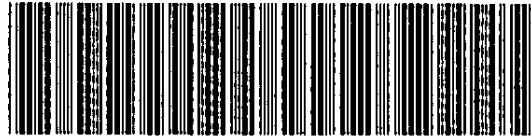


P080000043203

(Requestor's Name)

(Address)



300182330043



**Allstate.**

You're in good hands.

*Leticia Borbolla*

Allstate Insurance Company  
320 Savilla Ave Ste 202  
Coral Gables FL 33134

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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*R.A.*

**TB**

JUN 24 2010

**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.

1. The name of the corporation: B.I.A. e Company Inc  
2. The principal office address: 320 Sevilla Avenue Suite 201  
Coral Gables FL 33134  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/29/08 Document number: P08000043203

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)

Resigned

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

Leticia H. Borbolla  
320 Sevilla Avenue #201  
Coral Gables FL 33134  
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.

[Signature]  
Signature of an officer or director

Leticia H. Borbolla  
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]  
Signature of Registered Agent

6/21/10  
Date

If signing on behalf of an entity:

Leticia H. Borbolla  
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