P08000091908

| (Re | equestor's Name) | | |
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| (Ad | ldress) | | |
| (Ad | ldress) | , | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of Flo er to change its registered office or registered agent, or both, in the State of Flor | orida | |
|--|---|--|--------|
| | the corporation: El Quillay, Inc. | | |
| | office address: 1986 NE 149th Street, North Miami, FL 33181 | | |
| 3. The mailing a | address (if different): P.O. Box 610338, North Miami, FL 33261 | | |
| 4. Date of incorp | poration/qualification: 10/30/2008 Document number: P08 | 8000097908 | |
| | d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned) | the | |
| | Francisco A. Silva | | |
| | 1986 NE 149th Street | | |
| | North Miami, FL 33181 | = | A |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | ® SEP I L | LAHASS |
| | Rafael Sanchez-Aballi, Esq | A | |
| | 2506 Ponce de Leon Blvd. P.O. Box NOT acceptable | <u>မှ</u> 2 | 108 |
| | Coral Gables, FL 33134 | <u>e</u> | |
| The street address changed will | ress of its registered office and the street address of the business office of its it be identical. | egistered agent, | |
| | as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change. | | |
| Signatu | Francisco A. Silva, Service of an officer or director Francisco A. Silva, Service of an officer or director Francisco A. Silva, Service of an officer or director | cretary | |
| I further agrée of my duties, ar document is bei | t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp nd I am familiar with and accept the obligation of my position as registered of ine filed masely to reflect a change in the registered office address, I hereby is been notified in writing of this change. | lete performance agent. Or, if this confirm that the | |
| (| Registered Agent August 4, 2010 Date | | |
| | ehalf of an entity: | | |
| Т | 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)