| NO Return Address (Requestor's Name) | |
|---|---|
| (Requestor's Name) | |
| (Address) | |
| (Address) | _ |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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04/09/09--01010--020 **35.00

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

| Pursuant to the provisions of sections 607.0503; 617.0502, 607.1508, or 617.1508, Florida S 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 F | Flori | | |
|---|---------------|-----------------------------------|-----------------|
| 1. The name of the corporation: Microtrade, Inc. | ··· | | |
| 2. The principal office address: 8357 NW 54 Street | | | |
| Miami, FL 33166 | | | |
| 3. The mailing address (if different): (same) | | | |
| 4. Date of incorporation/qualification: March 16, 2009 Document number: P09000 | 24182 | | |
| The name and street address of the current registered agent and registered office on file wit Florida Department of State: | h the | | |
| UCC Filing & Search Services, Inc. | ∀ ′ | 20 | |
| 1574 Village Square Blvd., Ste 100 | ECR | 2009 APR | - |
| Tallahassee, Florida 32309 | HASS | Ř -9 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed): | LLL (1) | AM 10: 47 | |
| James N. Bradford, Jr. | TATE ORIDA | : 47 | |
| 14160 Palmetto Frontage Road, Suite 32 | | | |
| (P.O. Box NOT acceptable) | | | |
| Miami Lakes, FL 33016 | | | |
| The street address of its registered office and the street address of the business office of its as changed will be identical. | registe | red agen | it, |
| Such change was authorized by resolution duly adopted by its board of directors or by an eauthorized by the board, or the corporation has been notified in writing of the change. | officer s | iO | |
| (Signature of an officer or director) Fabio Lisboa, Pres (Printed or typed name and to | ident | | - |
| 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 comply my duties, and I am familiar with and accept the obligation of my position as registered locument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change. (Signalure of Registered Agent) (Dato) | • | rforman Or, if th n that th | ce ils ie |
| f signing on behalf of an entity: | | | |
| James N. Bradford, Jr. (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)