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| Certified Copies | Certificates | of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: GESTOMATIC, INC. | | | | | |
| | Name of C | orporation | | | |
| DOCUMENT NUM | ABER: P09 | 000034681 | | | |
| 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: | | | | | |
| MARCEL D. FERAUD Name of Contact Person | | | | | |
| ECUADOR LAW, LLC Firm/Company | | | | | |
| 3669 PPOINCIANA AVE. 4-A | | | | | |
| MIAMI, FL 33133 City/State and Zip Code MARCELFERAUD@YAHOO.COM | | | | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | | | | | |
| MARCEL D. FERAUD at (305) 773 6740 Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |
| | Malling 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 | | | |

CR2E045 (8/05)

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607 ange is submitted for a corporation organized u ar to change its registered office or registered a | nder the laws of the State o | of FLORIDA | | |
|--|--|---|--|--|--|
| 1. The name of the corporation: GESTOMATIC, INC. | | | | | |
| 2. The principal | office address: 201 S. BISCAYNE BLVD | . MIAMI CENTER SU | JITE 905 | | |
| MIAMI, FL | . 33131 | | | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incorp | poration/qualification: 04/17/2009 | Document number: | P09000034681 | | |
| | d street address of the current registered agent are timent of State: (If resigned, enter resigned) | nd registered office on file | with the | | |
| | AMERICAN CAPITAL ASSETS MAN | AGEMENT, CORP. | | | |
| | 2806 WESTON ROAD SUITE B | | | | |
| | WESTON, FL 33331 | | TI DI | | |
| 6. The name and (if changed): | I street address of the new registered agent (if ch | nanged) and /or registered | office SSEE, F | | |
| | ECUADOR LAW, LLC | | PM PFLE | | |
| | 3669 POINCIANA AVE. 4-A | | 1: 56 NATE | | |
| | P.O. Box NOT accepta | ble | | | |
| The street addre | ess of its registered office and the street addres be identical. | s of the business office o | f its registered agent, | | |
| Such change was authorized by th | as authorized by resolution duly adopted by its ne board, or the corporation has been notified | board of directors or by in writing of the change. | an officer so | | |
| Signotifi | e of an enrice of director | OMAR CALDERON Printed or Typed name an | | | |
| | the appointment as registered agent and agre to comply with the provisions of all statutes re d I am familiar with and accept the obligation ng filed merely to reflect a change in the regis been polified in writing of this change. | e to act in this capacity, lative to the proper and c of my position as registe tered office address, I he | omplete performance red agent. Or, if this reby confirm that the | | |
| | (QV(QX))CI | 12/06/201 | 1 | | |
| <u> </u> | nalf of an entity: | Date | | | |
| | JADOR LAW, LLC riped 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)