(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO:	Amendment Section Division of Corporations		
CHIDI	TECNIFIBRE USA, INC.		
SORI	Name of Corporation		
	P12000088366		
DOC	MENT NUMBER:		
The e	closed Statement of Change of Registered Office/Agent and fee are submitted for filing	ţ.	
Please	return all correspondence concerning this matter to the following:		
	Adrian E. Irias, Esq.		
	Name of Contact Person		
	Garcia-Menocal, Irias & Pastori LLP		
	Firm/Company		
	2355 Salzedo Street, Suite 303		
	Address		
	Coral Gables, FL 33134		
	City/State and Zip Code		
	Adrian@gmilaw.com		
	E-mail address: (to be used for future annual report notification)		
For fu	ther information concerning this matter, please call:		
	Adrian E. Irias, Esq. 305 400-9652		
-	Name of Contact Person at (e Number	
Enclo	ed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Amendment Section Street Address: Amendment Section		
	Division of Corporations Division of Corporations		
	P.O. Box 6327 Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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: 2. The principal office address: TECNIFIBRE USA, INC. 5775 Blue Lagoon Drive, Suite 110, Miami, FL 33126
3. The mailing address (if different): 5775 Blue Lagoon Drive, Suite 110, Miami, FL 33126
4. Date of incorporation/qualification: Document number: P12000088366
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)
Richard A. Jacobson, Esq., of Fowler White Boggs, P.A.
501 E Kennedy Boulevard Suite 1700
Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered of the control of th
2355 Salzedo Street Suite 303
P.O. Box NOT acceptable Coral Gables, FL 33134
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 of an officer or director Adrian Itias, authorized signatory 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 Onto
If signing on behalf of an entity:
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