## P9600078080

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
. (Document Number)						
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ASR 5/8/09



ON SERVICE COMPANY.				
	ACCOUNT NO.	: I200000	00195	
	REFERENCE	: 978792	4810346	
	AUTHORIZATION	Levello Bl		
~~~~~~~~~	COST LIMIT	: \$ 35.00	ena	<b>.</b>
ORDER DATE :	May 1, 2009			
ORDER TIME :	9:05 AM			
ORDER NO. :	978792-024			
CUSTOMER NO:	4810346			
	<u>CHANGE OF A</u>	<u></u> <u>GENT</u>	<del></del>	<b>-</b>
NAME:	MEXICO INVEST	MENTS, INC.		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF F	ILING:	
XX CERTIF	FIED COPY STAMPED COPY			
CONTACT PERSON	N: Susie Knight	EXT# 2956	5	
		EXAMINE	₹:	

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

statement of cha	provisions of sections 607.0502, 617. unge is submitted for a corporation of er to change its registered office or re	rganized under the laws of the S	State of Florid		-
1. The name of	the corporation: MEXICO INV	ESTMENTS, INC.			
2. The principal	office address:				
4041 Parl	k Oaks Boulevard, Tampa, I				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 09/19/199	P6Document number:	P960000780	30	
	d street address of the current register rement of State:	ed agent and registered office of	n file with the		
	C T Corporation System		** :		
	1200 South Pine Island Rd.	•	 す	. ~	
	Plantation, FL 33324		<u>i - i - i - i - i - i - i - i - i - i -</u>	2009 MAY -8	<del>-</del>
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or regist	tered office EE,		
	Corporation Service Comp	any	FL 07	PH 12:	Ö
	1201 Hays Street		RID,	: :: :::	
	(P.O. Box NOT accep	otable)		_	
	Tallahassee, FL 32301				
The street addre	ess of its registered office and the st be identical.	reet address of the business of	fice of its registe	red agen	ıt,
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has been	opted by its board of directors on notified in writing of the cha	or by an officer ange.	so	
Man	ure of an officer or director)	Maureen Cullen, A	•	ect	_
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this cha tion Service Company	, , , , , , , , , , , , , , , , , , , ,	name and title) city. and complete pe egistered agent. s, I hereby confir	erforman Or, if th m that th	ce iis ie
	grature of Registered Agent)	(Date	·)		-
If signing on be	half of an entity:	•			
Elizabeth A	. Dawson, Asst. Vice Presid	ent			
(1)	yped or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*