Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

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From:

Account Name

: CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 Phone

: (850)222-1173

Fax Number

: (B50)224-1640

REGISTERED AGENT CHANGE

ROSEMONT SERVICES CORP.

RECEIVEL

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT FOR CORPORATION

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office and registered agent, in the State of Florida.

The name of the corporation is: 1.

ROSEMONT SERVICES CORP.

The mailing address of the corporation is; 2.

> 11355 S.W. 84th Street Miami, Florida 33173

Date of incorporation/qualification: October 11, 1996 3.

Document number: P96000084215

The name of the current registered agent and registered office as shown on the 4. records of the Florida Department of State is:

> CORPCO, INC. 2699 South Bayshore Drive 7th Floor Miami, Florida 33133

The name and address of the new registered agent and registered office is: 5.

> Joseph L Zumpano, ESQ. Ferrell Schultz Carter Zumpano & Fertel, P.A. 201 South Biscayne Blvd., 34th Floor Miami, FL 33131

The street address of the 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.

r			
(Signature of an officer, c	hairman or v	rice chairman of the board)	
		_	

12-6-01 (Date)

(Printed or typed name and title)

President

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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 obligations of my position as registered agent.

(Signature of Registered Agent)

(Date)