P970000/7908 Requestor's Name

848 BRICKELL AVENUE, SUITE 830 MIAMI, FLORIDA 33131		Office Use O	Office Use Only	
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Profit	Amendment	-12/22/3 *****70.	701037006 .00 *****35.0	
NonProfit	Resignation of R.A., Officer/	Director		
Limited Liability	Change of Registered Agent		-	
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OTHER FILINGS Annual Report Fictitious Name	Merger REGISTRATION/ QUALIFICATION Foreign			
OTHER FILINGS Annual Report Fictitious Name	Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership		-58	

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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

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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: CALMED OCEAN, INC. 1b. Date of incorporation February 25, 1997 Document number P97000017908 2. The name and address of the current registered agent and office: Corporation Service Company 1201 Hays Street, Tallahassee, Florida 32301-2525 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Miguel A. Martin 848 Brickell Avenue, Suite 830, Miami, Florida 33131 The street address of its registered agent 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. Luis Arevalo - Director SIGNATURE Typed or printed name and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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. SIGNATURE (Registered/Agent) DATE

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045 (7-91)