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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SOMERSET CORPORATE SERVICES
Account Number : I20160000077
Phone : (305)602-0397
Fax Number : (786)513-2618

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mibanguez@agularforn.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
F.A. 649, CORP.

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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, 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: F.A. 649, Corp.
2. The principal office address: 825 Brickell Bay Drive Suite 1846
Miami, FL 33131
3. The mailing address (if different): _____
4. Date of Incorporation/qualification: 04/11/1997 Document number: P97000033025
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)
Paula Marquez Brillenburg
825 Brickell Bay Drive #1846
Miami, FL 33131
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Somerset Corporate Services, Inc.
200 Crandon Blvd Suite 360
Key Biscayne, FL 33149

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] Paula Marquez Brillenburg President
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] Carlos I. Aguilar
If signing on behalf of an entity:

Somerset Corporate Services, Inc.
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

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