P9800018448

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Rec	uestor's Name		
ATTOR	RICKELL AVENUE **FLORIDA 33131	Office Use Only	
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☐ Walk in ☐	Pick up time	Certified Copy	
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NEW FILINGS	AMENDMENTS :::	CRE	
Profit	Amendment	AS:	2
NonProfit	Resignation of R.A., Officer/Director	TE O	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal	TATE DRIDA	
Other	Merger		
OTHER FILINGS	REGISTRATION/		
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		000
Name Reservation	Limited Partnership	- C	
	Reinstatement		60C
	Trademark		XXX,3
	Other		7-1
		Examiner's Initials	

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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. AMANECER USA, INC. 1a. The name of the corporation is: _ 11740 S. W. 107 Lane 1b. The mailing address of the corporation is: Miami, Florida 33186 Document number: P98000018448 02/25/98 1c. Date of incorporation: The name and address of the current registered agent and office: KRISTINA BACARIZA 11740 S. W. 107 Lane 33186 Miami, Florida 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) STEWART A. MERKIN, ESQ. 444 Brickell Avenue, Suite 300 Miami, Florida 33131 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. -6/29/98 (Signature of an officer, chairman or vice chairman of the board) Jaime Bacariza, Secretary... (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. 6/29/98 (Signature of Registered Agent) If signing on behalf of an entity: (Capacity)

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

CR2E045(11/94)

(Typed or Printed Name)

FILING FEE: \$35.00