

To: 4-28-2014

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From: Layana, Verónica

Division of Corporations

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

From:

Account Name : FOX ROTHSCHILD, LLP
Account Number : 120130000024
Phone : (215) 299-2162
Fax Number : (215) 299-2150

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

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REGISTERED AGENT CHANGE
CORELLI TRADING INC.

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Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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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 British Virgin Islands in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CORELLI TRADING INC.
2. The principal office address: R.O. HODGE PLAZA, 2ND FLOOR, UPPER MAIN ST, WICKHAM'S CAY 1,
ROAD TOWN, TORTOLA, BVI
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/11/2010 Document number: Q1000000092
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)

REGISTERED AGENT CORPORATE SERVICES, INC.355 ALHAMBRA CIRCLE, STE. 801Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation Systemc/o C T Corporation System, 1200 South Pine Island RoadP.O. Box NCT 33324Plantation, Florida 33324

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]
Signature of its officer or director

DANIEL MORENO, DIRECTOR

Printed or typed name and title

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.

By: [Signature]

Signature of Registered Agent

4/29/14

Date

If signing on behalf of an entity:

Daniela Blevins, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6127, TALLAHASSEE, FL 32314

CR26045 (03/12)

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