

Q11000000064

Division of Corporations

Page 1 of 1

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

From: Account Name : FOX ROTHSCHILD LLP
Account Number : I20130000024
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.

Email Address: vlagana@foxrothschild.com

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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
ISTHMIC INVESTMENT CORP.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0302, 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 Country of Panama in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ISTHMIC INVESTMENT CORP.
- 2. The principal office address: IGRA BUILDING, AQUILINO DE LA GUARDIA STREET NO. 8, PANAMA CITY, PANAMA
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 09/13/2011 Document number: Q11000000064
- 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)

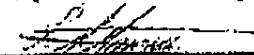
REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE, STE. 301
CORAL GABLES, FL 33134

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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 of an officer or director

Jose G. Garcia, Secretary

 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: C T Corporation System 

 Signature of Registered Agent

4/23/2014

 Date

If signing on behalf of an entity:

Jordan Brown, Assistant Secretary
CT Corporation System

 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

CR25045 (03/12)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 112083 4322384

AUTHORIZATION : *[Handwritten Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : April 29, 2014

ORDER TIME : 3:49 PM

ORDER NO. : 112083-005

CUSTOMER NO: 4322384

ANNUAL REPORT FILING

NAME: WEIL, GOTSHAL & MANGES LLP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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2014 LIMITED LIABILITY PARTNERSHIP ANNUAL REPORT
 FEE IS \$25.00! REPORT DUE BY MAY 1, 2014

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 TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

REGISTRATION # LLP960000002

1. Name and Mailing Address

WEIL, GOTSHAL & MANGES LLP

1395 BRICKELL AVE., STE. 1200
 MIAMI, FL 33131

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

LLP #

LLP140002663-5

CR2E029 (2/10)

2. New Mailing Address, if Applicable:

Suite, Apt#, etc.

City State Zip Code

3. Principal Place of Business Address

767 FIFTH AVE.
 NEW YORK, NY 10153

4. New Principal Office Address, if Applicable:

Suite, Apt#, etc.

City State Zip Code

5. Federal Employee Identification Number

13-1456110

Applied For

Not Applicable

6. Certificate of Status Desired:

\$8.75 Additional Fee Required

7. Name and Address of Registered Agent

MORRISON, RICHARD A
 C/O WEIL, GOTSHAL & MANGES LLP
 1395 BRICKELL AVE., SUITE 1200
 MIAMI, FL 33131

8. New Name and/or Address of Registered Agent:

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

City Zip Code

9. New Registered Agent's Signature, if Changed

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE.

Date

10. General Partner's Signature (REQUIRED)

The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNATURE: *Richard O. Morrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PARTNER

April 29, 2014

Date

305-577-3125

Daytime Phone #

E-mail Address: *Richard.Morrison@weil.com*

(To be used for future annual report notifications)