## F02000003881

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PORATION SERVICE COMPANY. ACCOUNT NO. : I20000000195

REFERENCE: 901796

7526492

AUTHORIZATION

ORDER DATE: September 2, 2011

ORDER TIME : 9:34 AM

ORDER NO. : 901796-015

CUSTOMER NO: 7526492

## CHANGE OF AGENT

NAME: WESTPARK CAPITAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

,	the corporation:	INC.	
2. The principal	the corporation: WESTPARK CAPITAL, al office address: 1900 Avenue of the Stars, is	#310, Los Angeles, CA	90067
3. The mailing ε	address (if different):		
4. Date of incorp	rporation/qualification: 07/30/2002	Document number: F020	00003881
	nd street address of the current registered agent a artment of State:	and registered office on file	with the
	C T Corporation System		•
	1200 South Pine Island Road		三元
	Plantation, FL 33324 US		
6. The name and (if changed):	nd street address of the new registered agent (if o	changed) and /or registered	office SEE PARC: 21
	Corporation Service Company		
	1201 Hays Street		Ş
•	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		<del></del>
The street address changed will	ress of its registered office and the street address of its registered office and the street address.	ess of the business office	of its registered agent,
Such change was authorized by the	was authorized by resolution duly adopted by the board, or the corporation has been notified	its board of directors or by d in writing of the change.	an officer so
Je Grignat	ature of an officer or director)	ANTIONY CPIN	processions
I hereby accept I further agree of my duties, an document is bei corporation has	of the appointment as registered agent and agg e to comply with the provisions of all statutes in and I am familiar with and accept the obligation eing filed merely to reflect a change in the reg as been notified in writing of this change. tion Service Company	relative to the proper and on of mv position as regis sistered office address, I h	tered agent. Or, if this ereby confirm that the
By: S	Signature of Registered Agent)	9 - 24 - 26 (Date)	(U
O(Si	Signature of Registered Agent)	(Date)	
If signing on be	pehalf of an entity:		
Culuia A	pet, Asst. VP		

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