## 3°000004358 Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

: (850)558-1575 Fax Number

## REGISTERED AGENT CHANGE

## HOSTED VENTURES CORPORATION

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Delawate
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: HOSTED VENTURES CORPORATION
2. The principal	office address: One North State Street, #1200, Chicago, IL 60602
3. The mailing s	address (if different):
4. Date of incorp	poration/qualification: September 2, 2003 Document number: F03000004358
	i street address of the current registered agent and registered office on file with the timent of State:
	NRAI Services, Inc.
	2731 Brecutive Park Drive, Suite 4
	Weston, FL 33331
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was amborized by the	as authorized by resolution duly adopted by its board of directors or by an officer so se board, or the corporation has been notified in writing of the change.
May	Maureen Cullen, Attorney In Fact (Printed of typed name and title)
I hereby accept I further agree to of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By: (Signature)	Service Company  LULL K Launoz Supt. 11 2007  pasure of Registered Agent)  (Date)
If signing on be	half of an entity:
	noy, Asst. Vice President
a	yped 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 CR2E045 (8/05)