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| PICK-UP | ■ WAIT | MAIL | | | |
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| Certified Copies | oies Certificates of Status | | | | |
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| Special Instructions to I | Filing Officer: | | | | |
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Office Use Only



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JUL 25 2014

R. WHITE



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: July 8, 2014

Order#: 196489-010

Re: AFS-USA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of c | ne provisions of sections of change is submitted for a co der to change its registered | orporation organized w | nder the laws of the State | of Illinois | <i>inis</i> | _ |
|--|---|--|---|-------------------------|-----------------|------|
| | of the corporation: AFS-US | | em, or oom, in the state (| y i ionuu. | | |
| 2. The princip | oal office address: 120 Wai | Street, 4th Floor, New | York, NY 10005 | | | |
| 3. The mailing | g address (if different): 235 | 56 University Avenue W | est, Suite 424, Saint Pau | il, M N 551 | 14 | |
| 4. Date of inc | orporation/qualification: | 7/06/2009 | Document number: F0900 | 00002689 | | |
| 5. The name a | and street address of the cupartment of State: (If resign | rrent registered agent ar | | | | |
| | C T Corporation Syste | m | | | | |
| · | 1200 South Pine Island | d Road | | | | |
| | Plantation, FL 33324 | | | | | |
| 6. The name a (if changed | | - - | nanged) and /or registered | office | | |
| | Corporation Service Co | ompany ———————————————————————————————————— | | | ,*, | |
| P.O. Box NOT acceptable | | | | , | | |
| | Tallahassee | FL | 32301 | | | |
| The street add as changed w | dress of its registered officill be identical. | e and the street addres | | • | red age | ent, |
| Such change authorized by | was authorized by resolution the board, or the corporate | ion duly adopted by its tion has been notified i | board of directors or by a writing of the change. | n officer s | 0 | |
| 004 | ature of an officer or director | Dona | Priebe, Vice President | Leiela | | _ |
| I hereby acce I further agre performance agent. Or, if hereby confir | pt the appointment as reg te to comply with the prov of my duties, and I am fan this document is being file m that the corporation ha tion Service Company | isions of all statutes re niliar with and accept t ed merely to reflect a ci s been notified in writi | lative to the proper and c he obligation of my posit hange in the registered of | omplete ion as regi: | stered ss, I | |
| By: Drag | Signature of Registered Agent | June | 27, 2014 | | | _ |
| | behalf of an entity: | | Date | | | |
| Grace E. Kirt | by, Assistant VP | | | | | |
| | Typed or Printed Name | | | | | |

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