12/19/2014 9:42:34 From: To: 8506176380 Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE RUSSELL REYNOLDS ASSOCIATES, INC.

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DEC 22 2014

T. CARTER

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Corporate Filing Menu

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, th organized under the laws of the State of New York registered agent, or both, in the State of Florida.	
	he corporation: RUSSELL REYNO		
2. The principal	office address: 200 PARK AVENUI	E, SUITE 2300 NEW YORK, NY 10166	
3. The mailing a	ddress (if different): 200 PARK AV	VENUE, SUITE 2300 NEW YORK, NY 10166	
4. Date of incorp	poration/qualification: 09/12/2013	Document number: F13000003928	
	istreet address of the current regist	tered agent and registered office on file with the resigned)	
	CAPITOL CORPORATE SERVICE	ES, INC.	
	155 OFFICE PLAZA DR STE A		74 74
	TALLAHASSEE, FL 32301		DEC
6. The name and (if changed):	d street address of the new registers	ed agent (if changed) and /or registered office	6
	C T Corporation System		AM II: 3
	c/o C T Corporation System, 1200 S	South Pine Island Road	36
	P.O. B Plantation, Florida 33324	lox NUT acceptable	•
The street address changed will	ess of its registered office and the	street address of the business office of its registere	ed agent,
		dopted by its board of directors or by an officer so een notified in writing of the change.	
Sin	all L	Eric A. Allen, Secretary	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	ine of an other in director the appointment as registered ag to comply with the provisions of a finy dulies, and I am familiar with its document is being filed merely that the corporation has been not poration System	Printed of typed name and title rent and agree to act in this capacity. Ill statutes relative to the proper and complete and accept the obligation of my position as regist to reflect a change in the registered office address lifted in writing of this change.	tered 5. i
D	Consider System 12/19/2014 Signature of Registered Agent Date		
	chaif of an entity:	LANC	
	Typed or Printed Name	NG PEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)