## 195000164213

| (Re                                     | equestor's Name)   | <del></del> |
|---|--------------------|-------------|
| (110                                    | quodiororiumoj     |             |
| (Ad                                     | ldress)            |             |
| (/ tu                                   | (a) (33)           |             |
|   | ldress)            |             |
| (//0                                    | uicss)             |             |
| (6)                                     | /                  | - 40        |
| (Cil                                    | ty/State/Zip/Phone | ÷#)         |
| PICK-UP                                 | WAIT               | MAIL        |
|   |                    |             |
| (Bu                                     | siness Entity Nan  | ne)         |
|   |                    |             |
| (Document Number)                       |                    |             |
|   |                    |             |
| Certified Copies                        | _ Certificates     | of Status   |
|   |                    |             |
| Special Instructions to                 | Filing Officer:    |             |
| Special instructions to 1 ming officer. |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |
| ·                                       |                    |             |
|   |                    |             |

Office Use Only



300081799853

12/07/06--01060--003 \*\*35.00

RAPO chy.

DEC -7 PH 1: 00

Francisco BEC 0 8 2065

## **COVER LETTER**

|   | nent Section<br>of Corporations                   |  |  |
|---|---|--|--|
| SUBJECT: AD   | Private Equity, Inc.                              | rporation)   |  |
| DOCUMENT N  | UMBER: <i>P05000164213</i>                        |  |  |
| The enclosed Sta                                    | tement of Change of Registered Office/            | Agent and fee are submitted for filing.                  |  |
|   | correspondence concerning this matter t           |  |  |
|   |   | -  |  |
|   | Felicia Garnett                                   |  |  |
|   | (Name of Cont                                     | act Person)  |  |
|   |   |  |  |
| Susquehanna International Group, LLP (Firm/Company) |   |  |  |
|   | (1 11112 0011                                     | ,  |  |
|   | 401 City Avenue, S-220                            |  |  |
|   | (Addre  | ess)   |  |
|   |   | •  |  |
|   | Bala Cynwyd, PA 19004 (City/State and             | Zin Code)  |  |
| For further infor                                   | ` •   | •  |  |
| ror turther infort                                  | nation concerning this matter, please ca          | 11.  |  |
| Felicia Garnett                                     |   | at (610) 617-2672 (Area Code & Daytime Telephone Number) |  |
| 1)  | Name of Contact Person)                           | (Area Code & Daytime Telephone Number)                   |  |
| Enclosed is a \$35                                  | مرمنت<br>ن آري 5.00 k made payable to the Departn | nent of State.   |  |
|   | <b>∀</b>  |  |  |
|   | Mailing Address:                                  | Street Address:  |  |
|   | Amendment Section Division of Corporations        | Amendment Section Division of Corporations               |  |
|   | P.O. Box 6327                                     | Clifton Building   |  |
|   | Tallahassee, FL 32314                             | 2661 Executive Center Circle Tallahassee, FL 32301       |  |

TO:

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

| Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organization of the provision of | ted under the laws of the State of Florida   |  |  |
|--|--|--|--|
| in order to change its registered office or register   | ea agent, or both, in the State of Florida.  |  |  |
| <ol> <li>The name of the corporation: AD Private Equity, Inc.</li> <li>The principal office address: 1515 N. Federal Highway,</li> </ol>   | S-3000, Office #29, Boca Raton, FL 33432   |  |  |
| 3. The mailing address (if different):   |  |  |  |
| 4. Date of incorporation/qualification: 12/16/05   | Document number: P050000164213   |  |  |
| 5. The name and street address of the current registered age Florida Department of State:  | •  |  |  |
| CT Corporation System  | 1 06 0<br>1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |  |  |
| 1200 South Pine Island Road  | 1200 South Pine Island Road  |  |  |
| Plantation, FL 33324   | Plantation, FL 33324   |  |  |
| <ul><li>6. The name and street address of the new registered agent (if changed):</li><li>Autumn Nesbeth c/o SIG</li></ul>  | (if changed) and /or registered office   |  |  |
|  |  |  |  |
| 1515 N. Federal Highway, S-300 (P.O. Box NOT acceptable)   | 00, Office #29   |  |  |
| Boca Raton, FL 33432   |  |  |  |
| The street address of its registered office and the street as changed will be identical.   | ddress of the business office of its registered agent,   |  |  |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been noti  | by its board of directors or by an officer so  |  |  |
| (Signatupe of an officer or director)  | Brian Sullivan, Treasurer (Printed or typed name and title)  |  |  |
| I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.   | agree to act in this capacity. Les relative to the proper and complete performance that ion of my position as registered agent. Or, if this registered office address, I hereby confirm that the |  |  |
| State Weshell  | 11/30/04   |  |  |
| If signing on behalf of an entity:   | (Date)   |  |  |
| AD Private Equity, Inc.  |  |  |  |
| (Typed or Printed Name)  |  |  |  |
| * * * FILING FER   | E: \$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)