The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CFA & TREASURER
Name BYRD, GARFIELD MR
Address 149 NEW MONTGOMERY STREET,
3RD FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title BOARD OF TRUSTEES CHAIR
Name WALSH, KAT MS
Address 149 NEW MONTGOMERY STREET,
3RD FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title ED
Name GARDNER, SUE MS.
Address 149 NEW MONTGOMERY STREET,
3RD FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title DD
Name MOELLER, ERIK MR.
Address 149 NEW MONTGOMERY STREET,
3RD FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title GC & SECRETARY
Name BRIGHAM, GEOFF MR.
Address 149 NEW MONTGOMERY STREET,
3RD FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARFIELD BYRD

Electronic Signature of Signing Officer/Director Detail

Date 03/27/2013