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: CFO & TREASURER  
Name: VILLAGOMEZ, JAIME  
Address: 1 MONTGOMERY STREET SUITE 1600  
City-State-Zip: SAN FRANCISCO CA 94104  

Title: BOARD OF TRUSTEES CHAIR  
Name: HENNER, CHRISTOPHE  
Address: 1 MONTGOMERY STREET SUITE 1600  
City-State-Zip: SAN FRANCISCO CA 94104  

Title: EXECUTIVE DIRECTOR  
Name: MAHER, KATHERINE  
Address: 1 MONTGOMERY STREET SUITE 1600  
City-State-Zip: SAN FRANCISCO CA 94104  

Title: GENERAL COUNSEL  
Name: HERSHENOV, EILEEN  
Address: 1 MONTGOMERY STREET SUITE 1600  
City-State-Zip: SAN FRANCISCO CA 94104  

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: JAIME VILLAGOMEZ  
Electronic Signature of Signing Officer/Director Detail Date