Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (B50)558-1515

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

Email Address:

REGISTERED AGENT CHANGE MAZZETTI NASH LIPSEY BURCH, INC.

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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of	change is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of California.	_
	<u>-</u>	egistered agent, or both, in the State of Florida.	
1. The name	of the corporation: MAZZETTI NAS	SH LIPSEY BURCH, INC.	
2. The princi	ipal office address: 530 Bush Street, S	Suite 300, San Francisco, CA 94108	
3. The maili	ng address (if different):		
4. Date of in	corporation/qualification: 09/28/2000	Document number: F00000005445	
5. The name		red agent and registered office on file with the	
	NRAI Services, Inc.		
	2731 Executive Park Drive, Su	ite 4	ري
	Weston, FL 33331 US	TALL	
6. The name (if change		agent (if changed) and /or registered office	2010 00 7 20
	Corporation Service Company	THE SECOND SECON	3 宝
	1201 Hays Street	The state of the s	ي ري
	(P.O. Box, NOT scoop	rable)	当 智
	Tallahassee, FL 32301		
The street ac	idress of its registered office and the st will be identical.	reet address of the business office of its registered agent	5
Such change authorized b	was authorized by resolution duly add y the board, or the corporation has bee	opted by its board of directors or by an officer so a notified in writing of the change.	
Ben	men Homb	Blanca Lozada, Attorney In Fact	
I hereby acci I further agri of my duties, document is corporation		et and agree to act in this capacity, statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if the in the registered office address, I hereby confirm that the nge.	સ્ટ હેંદ્ર દ
Ву: 🥰	and bureau	October 14, 2010	
	(Signature of Registered Again)	(Dase)	
If signing on	behalf of an entity:		
Sylvia Que	ppet, Asst. Vice President		
	(Typed or Primed Name)		
	* * * TIT .INC	3 RRE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314 CR2E045 (805)