

Electronic Filing Cover Sheet

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Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

215 CELEBRATION PLACE, INC.

Certificate of Status	0
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Corporate Filing Menu

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CT CORP

12/4/2007

JS/04/500A

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 215 CHLEBRATION PLACE, INC.
2. The principal office address: 4400 MACARTHUR BLVD STE 720
NEWPORT BEACH, CA 92660-2031
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/28/2005 Document number: F05000005558
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON FL 93331
6. The name and street address of the new registered agent (if changed) and /or registered office  SSE O T
CT CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 SOUTH FINE ISLAND ROAD
(P.O. Box NOT sompositio)
PLANTATION, FLORIDA 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  Such change was suthorized by resolution duly adopted by its board of directors or by an officer so suthorized by the board or the corporation has been notified in writing of the change.  MICHAEL EVERLY, SECRETARY & OFO
I hereby accept the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to do hip by with the provintons of all statutes relative to the proper and complete performance of my duties, and I gain familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has peen notified in writing of this change.  By:  (Signifum of Registered Agent)
If signing on behalf of an entity:  M.I. FITZPATRICK ASSISTANT SECRETARY
(Typed or Printed Name)
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHABSEE, FL 32314  CR2E045 (8/05)

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