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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

W				
<u>emall</u>	Address:			

REGISTERED AGENT CHANGE SHAREBRIDGE PRIVATE EQUITY CONSOLIDATED, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

COVER LETTER

cindicor.	Sherebridge Private Equity C	onsolidated. Inc.			
SUBJECT: Name of Corporation					
DOCUMENT NUMBER	F0500	00007204			
The enclosed Statement of	Change of Registered Office/	Agent and fee are submitted for filing.			
	dence concerning this matter to	-			
	Sally DeV	/ino			
•	Name of Conta	ct Person			
	Firm/Company				
		·			
	Address				
	City/State and Zip Code				
	SDeVina@Stonepoint.com				
É-mail	address: (to be used for futu	re annual report notification)			
	cerning this matter, please call	at (
Name of Cor	itact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35,00 check	made payable to the Departmen	nt of State.			
Div P ₁ O	iling Address: endment Section ision of Corporations Box 6327 lahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301			

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

			107.1508, or 617.1508, Flo I under the laws of the Stat	
in ord	er to change its registered	d office or registered	lagent, or both, in the State	
1. The name of	the corporation: ShareBrid	dge Private Equity Co	onsolidated, Inc.	
2. The principal	office address:			· · · · · · · · · · · · · · · · · · ·
-	of the Americas, 36th Flo	· · · · · · · · · · · · · · · · · · ·		
3. The mailing	address (if different):			
4. Date of incor	poration/qualification;	12/07/2005	Document number:	F05000007204
	d street address of the current of State: (If resign		and registered office on fi	le with the
	Corporation Service Com	npany		
	1201 Hays Street			_ _
	Tallahassee, FL 32301-25	525 US		
6. The name and (if changed):	d street address of the new	v registered agent (it	changed) and /or registere	d office
	C T Corporation System			
	c/o C T Corporation Syste	em, 1200 South Pine	Island Road	
		P.O. Box NOT soo	:pupido	
	Plantation, Florida 33324			
			ress of the business office	
Such change wa authorized by the	as authorized by resoluti- ne board, or the corporat	on duly adopted by ion has been notific	its board of directors or bed in writing of the change	y an officer so e.
Balu	to of an officer of director		Barbara A Bell, Exec	
Signate I hereby accept I further agree of my duties, on document is bei corporation has	the appointment as regi- the appointment as regi- to comply with the provisi an familiar with and ing filed meraly to reflect to been notified in writing	stered agent and at sions of all statutes t accept the obligat t a change in the re t of this change.	rroses of types name ree to act in this capacity relative to the proper and ion of my position as regi- gistered office address, i	
	Corporation System		10 14 2010	
Sig	nature of Registered Agent		Dain	
lf signing on be	half of an entity:		•	
Michael	Snapler Micha	ael Seraphin Ass	t. Secretary	
T	yped of Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)