

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 (850) 222-1173 Phone

: (850)224-1640 Fax Number

REGISTERED AGENT CHANGE

TRANZSUBCO III CORP.

Certificate of Status	0
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To: FI Dept of State Subject 0715.56700 *

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flortda Statutage is submitted for a corporation organized under the laws of the State of $\frac{\text{Online}}{\text{Online}}$		_
	ler to change its registered office or registered agent, or both, in the State of Floric		_
I. The name of the corporation: Tranzsubco III Corp.			
2. The principal	l office address: 2200 Fletcher Avenue, 4th Floor, Fort Lee, NJ 07024		
3. The mailing a	address (if different): Same		
4. Date of incorp	rporation/qualification: June 29, 2006 Document number: F060000	04468	
5. The name and	ed street address of the current registered agent and registered office on file with the artment of State:	E	
	National Registered Agents, Inc.		_
	2731 Executive Park Drive, Suite 4		
	Weston, FL 33331	4	
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office	OB AUB SECRET ALLAHI	; = -n
	NRAI Services, Inc.	TAR TAR	; -
	2731 Executive Park Drive, Suite 4	25.0 7.0 7.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	_ [1]
	(P.O. Box NOT acceptable) Weston, FL 33331	FLOTE ST	ي پ
The street addre	cess of its registered office and the street address of the business office of its regil be identical.	istered age) E
Such change we authorized by the	vas authorized by resolution duly adopted by its board of directors or by an offi- the board, or the corporation has been notified in writing of the change.	cer so	
Javid	David Byron, Secretary and Vic	e Pres.	-
I hereby accept I further agree of af my duties, an document is bei corporation no	et the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complet and I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby copy been notified in writing of this change.		ice his he
1.1	8/31/06		
	Michael Mirrione, AS chalf of an cutity:		
NRAI Services	· · · · · · · · · · · · · · · · · · ·		
7	(Typed or 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)