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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-1000 Fax Number : (850)558-1515

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

Email Address:

REGISTERED AGENT CHANGE KENSINGTON FINANCE, INC.

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

	er to change its registered office or registered agent, or		
1. The name of	the corporation: KENSINGTON FINANCE, INC		
2. The principal	I office address: 1930 West Street, Suite 100, Anna	apolis, MD 21401	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 09/10/2007 Docum	nent number: F07000002554	
	nd street address of the current registered agent and regintment of State:	stered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name an (if changed):	nd street address of the new registered agent (if changed Corporation Service Company	the business office of its registered agent, and of directors or by an officer so	つかつから
	1201 Hays Street	P 2	귉
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		<u>, , , , , , , , , , , , , , , , , , , </u>
The street addr as changed wil	ress of its registered office and the street address of the	he business office of its registered agent,	200
Such change wanthorized by	vas authorized by resolution duly adopted by its boar the board, or the corporation has been notified in wi	d of directors or by an officer so ting of the change.	P
Be.		ozada, Attorney in Fact	
I hereby accep I further agree of my duties, a document is be corporation ha	the appointment as registered agent and agree to a comply with the provisions of all statutes relative and agree to a comply with the provisions of all statutes relative and a copi the obligation of meing filed merely to reflect a change in the registered as been notified in writing of this change. then the company	(Printed of typed name and nile) act in this capacity, to the proper and complete performance y position as registered agent. Or, if this office address, I hereby confirm that the	
By:	Mice de NOV Septemb	per 23, 2010 (Date)	
	Signature of Registered Agent)	(Laure)	
	ehalf of an entity:		
	by, Assistant Vice President		
	(Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *

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