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ACCOUNT NO. : I2000000195

REFERENCE : 985545 7704337

AUTHORIZATION

COST LIMIT

ORDER DATE: November 18, 2011

ORDER TIME : 12:07 PM

ORDER NO. : 985545-067

CUSTOMER NO: 7704337

CHANGE OF AGENT

NAME: KONDAUR CAPITAL CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Delaware er, to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: KONDAUR CAPITAL CORPORATION
2. The principal	l office address: One City Boulevard West, Suite 1900, Orange, CA 92868
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 09/25/2007 Document number: F07000004762
	d street address of the current registered agent and registered office on file with the rtment of State:
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	Weston, FL 33331
6. The name and (if changed):	NRAI Services, Inc. 2731 Executive Park Drive, Suite 4 Weston, FL 33331 d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signati	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept I further agree of of my duties, an document is bei corporation has	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 complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
By: Sorporation	on Service Company November 17, 2011
	gnature of Registered Agent) (Date)
If signing on be	chalf of an entity:
	by, Assistant Vice President
Γ)	Typed or Printed Name)

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