Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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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.

Email Address:

REGISTERED AGENT CHANGE SHL US INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
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T. CARTER

2/26/2015

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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|------------------------|---|--|--|--|
| SUBJ | SHL US INC. | | | |
| | Name of Corporation | | | |
| DOC | F08000002598 JMENT NUMBER: | | | |
| The er | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please | return all correspondence concerning this matter to the following: | | | |
| | Judith Cowan | | | |
| Name of Contact Person | | | | |
| | | | | |
| | Firm/Company | | | |
| | The Pavillion, 1 Atwell Place | | | |
| | Address | | | |
| | Thames Ditton Surrey, KT7 0NE, GB | | | |
| | City/State and Zip Code | | | |
| | E-mail address: (to be used for future annual report notification) | | | |
| For fu | rther information concerning this matter, please call: | | | |
| | Name of Contact Person at () Area Code & Daytime Telephone Number | | | |
| Enclos | sed is a \$35.00 check made payable to the Department of State. | | | |
| | Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations | | | |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

P.O. Box 6327

Tallahassec, FL 32314

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

| statement of ch | ange is submitted for a corporation | 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of | _ | | | | |
|---|---|--|---------------------------------------|--------------|--|--|--|
| 1. The name of | the corporation: SHL US INC. | · | | | | | |
| | 2. The principal office address: 555 North Point Center East Suite 600 (6th Floor) Alpharetta, GA 30022 | | | | | | |
| 3. The mailing | address (if different): | | | <u> </u> | | | |
| 4. Date of incom | poration/qualification: 06/10/2000 | 8 Document number: F08000002598 | · · · · · · · · · · · · · · · · · · · | _ | | | |
| 5. The name an Florida Depa | d street address of the current regi triment of State: (If resigned, enter | istered agent and registered office on file with the resigned) | | | | | |
| | NRAI Services, Inc. | | | | | | |
| | AD | | = | | | | |
| | PLANTATION, FL 33324 | | IS FE | 200 | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | EB 26 | BEE SHOOTE T | | | |
| | C T Corporation System | | E | | | | |
| | c/o C T Corporation System, 1200 South Pine Island Road | | | | | | |
| | P.O. Box NOT acceptable Plantation, Florida 33324 | | | CUKICA | | | |
| The street adds as changed will | | ne street address of the business office of its registered ag | ent, | | | | |
| Such change wanthorized by the processing of the such as the such | as authorized by resolution duly he board, or the corporation has | adopted by its board of directors or by an officer so been notified in writing of the change. | | | | | |
| Joyce Li | u. Oze of an officer of director | Joyce Liu | , | | | | |
| | | Printed or typed name and title igent and agree to act in this capacity, all statutes relative to the proper and complete th and accept the obligation of my position as registered by to reflect a change in the registered office address, I otified in writing of this change. | | | | | |
| By: 2 | Wh | 02/18/2015 | _ | | | | |
| | gnature of Registered Agent chalf of an entity: | Date | | | | | |
| Jordan Brown, | • | | | | | | |
| | 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 (03/12)