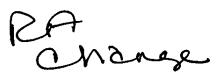
F090000004438

| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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09/29/14--01050--003 **35.00



10/8/14



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: September 26, 2014

Order#: 311518-002

Re: GRANT THORNTON INTERNATIONAL LIMITED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of ch | ange is submitted for a corpora | or registered agent, or both, in the State of Florida. | |
|--|--|--|--|
| 1. The name of | the corporation: GRANT THOR | NTON INTERNATIONAL LIMITED INC. | |
| | office address: STREET, EUSTON SQUARE | LONDON, UNITED KINGDOM XX NW1 2-EP | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification; 11/10/2 | Document number: F09000004438 | |
| | d street address of the current reartment of State: (If resigned, en | gistered agent and registered office on file with the er resigned) | |
| | C T CORPORATION SYSTEM | | |
| 1200 SOUTH PINE ISLAND ROAD | | | |
| | PLANTATION | FL 33324 | |
| PLANTATION FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed): | | | |
| | Corporation Service Compan | v 📜 🕱 🕱 | |
| | 1201 Hays Street | STATE STATE | |
| | P Tallahassee | O. Box NOT acceptable FL 32301 | |
| | ess of its registered office and l be identical. | he street address of the business office of its registered agent, | |
| Such change w authorized by t | as authorized by resolution dul he board, or the corporation ha | y adopted by its board of directors or by an officer so s been notified in writing of the change. | |
| Signati | un an officer or director | Dona Priebe, Vice President Printed or typed name and title | |
| I hereby accept I further agree performance of agent. Or, if the hereby confirm Corporation | t the appointment as registered to comply with the provisions | agent and agree to act in this capacity. If all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change. | |
| By: Sig | gnature of Registered Agent | 09/26/2014 Date | |
| If signing on be | ehalf of an entity: | | |
| Grace E. Kirby | , Assistant Vice President | | |
| 7 | Typed or Printed Name | | |

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