## F10000004053

Office Use Only



800240654948

12 OCT 10 PM 4: 23

12 OCT 10 AH11: 4.
SECRETARY OF STATE

OCT 1-1 2012

T. LEMIEUX



CORPORATION SERVICE COMPANY

7	$\sim$	TUITO	י אז∩

ACCOUNT NO. : I2000000195

REFERENCE : 363551 7137064

AUTHORIZATION :

COST LIMIT

ORDER DATE: September 28, 2012

ORDER TIME : 3:24 PM

ORDER NO. : 363551-075

CUSTOMER NO: 7137064

## CHANGE OF AGENT

NAME:

NOMURA SECURITIES INTERNATIONAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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

statement of cha	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 New York are to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: NOMURA SECURITIES INTERNATIONAL, INC.
2. The principal Two World	office address:d Financial Center, Bldg. B, New York, NY 10281-1198
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 09/09/2010 Document number: F10000004053
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office 2
	Corporation Service Company
	1201 Hays Street P.O. Box NOT acceptable
	P.O. Box NOT acceptable  Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	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	Penny Tehrani ED and Assistant Printed or typed name and title
I further agree performance of agent. Or, if th hereby confirm	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 in y duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. on Service Company
_ `_	Lenature pi Registered Agent Date
	chalf of an entity:
Sylvia Quep	pet, Asst. Vice President
	Name or a variable victime

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS; P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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