## F100000004723

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ACCOUNT NO. : 12000000195

REFERENCE : 985545 7704337

AUTHORIZATION :,

COST LIMIT

ORDER DATE: November 18, 2011

ORDER TIME : 12:08 PM

ORDER NO. : 985545-111

CUSTOMER NO: 7704337

## CHANGE OF AGENT

NAME: KONDAUR COMMERCIAL, INC.

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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Delaware is registered office or registered agent, or both, in the State of Florida.
The name of t     The principal	the corporation: KONDAUR COMMERCIAL, INC.  office address: One City Boulevard West, Suite 645, Orange, CA 92868
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 10/27/2011 Document number: F10000004723
	d street address of the current registered agent and registered office on file with the timent of State:
	NRAI Services, Inc.
	515 E. Park Avenue
	Tallahassee, FL 32301
6. The name and (if changed):	Tallahassee, FL 32301  I street address of the new registered agent (if changed) and /or registered office  Corporation Service Company  1201 Hays Street
	Corporation Service Company
	(P.O. Box NOT acceptable)  Tallahassee, FL 32301
as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	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.  Maureen Cathell, Vice President
I hereby accept I further agree to 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 seen notified in writing of this change.
	gnature of Registered Agent)  November 17, 2011 (Date)
•	half of an entity:
	y, Assistant Vice President

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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