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ACCOUNT NO. : I2000000195

REFERENCE: 726904

7209645

AUTHORIZATION : (

COST LIMIT

ORDER DATE: March 30, 2011

ORDER TIME: 8:59 AM

ORDER NO. : 726904-003

CUSTOMER NO: 7209645

CHANGE OF AGENT

NAME: ALDON COMPUTER GROUP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation	517.0502 , 607.1508 , or 617.1508 , Florida 3 in organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of F	California
1. The name of	the corporation: ALDON COM	PUTER GROUP CORPORATION	
2. The principal	l office address: 6001 Shellmoun	nd Street, Suite 600, Emeryville, CA 9	94608
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 12/29/201	Document number: F100000	005704
	d street address of the current regis artment of State:	stered agent and registered office on file wit	th the
	NRAI Services, Inc.		
	2731 Executive Park Drive S		_
	Weston, FL 33331		_ 1 . 2
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered off	FILE PHE:
	Corporation Service Compan	ıy	SSER
	1201 Hays Street		TES TO
	(P.O. Box NOT ac	cceptable)	
	Tallahassee, FL 32301		
The street addr as changed will	ess of its registered office and the l be identical.	street address of the business office of it	s registered agent,
Such change wauthorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an been notified in writing of the change.	officer so
Way	ure of an officer or director)	Maureen Cathell, Attorney in	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered ag to comply with the provisions of t and I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c ion Scrvice Company	gent and agree to act in this capacity. all statutes relative to the proper and con the obligation of my position as registered be in the registered office address, I hereb thange.	aplete performance d agent. Or, if this by confirm that the
By: S	eumas	03/29/2011	
(Si	gnatute of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
	et, Asst. Vice President	_	
C	Typed or Printed Name)		

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