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CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 854606 7828679

AUTHORIZATION :

COST LIMIT : \$36/00

ORDER DATE : July 22, 2011

ORDER TIME : 10:22 AM

ORDER NO. : 854606-003

CUSTOMER NO: 7828679

CHANGE OF AGENT

NAME: ARUP ADVISORY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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 inge is submitted for a corporation organi er to change its registered office or registe	zed under the laws of the State of _	Delaware
1. The name of t	the corporation: ARUP ADVISORY,	INC.	
	office address:		
155 Ave of	Americas, New York, NY 10013		
3. The mailing a	ddress (if different):		WIT COUNTY OF THE STATE OF THE
4. Date of incorp	poration/qualification: 01/04/2011	Document number: F11000	000054
	d street address of the current registered agreement of State:	ent and registered office on file wi	ith the
	C T Corporation System		
	1200 South Pine Island Road		- 2
	Plantation, FL 33324		SECRI SECRI
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered off	Size or
	Corporation Service Company		EFF.S
	1201 Hays Street		ATE ORIE
	(P.O. Box NOT acceptable)		-
	Tallahassee, FL 32301		_
The street addre	ess of its registered office and the street a be identical.	address of the business office of i	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so
(Signature of an officer or director) Maureen Cathell, Vice President (Printed or typed name and title)			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. on Service Company	d goree to act in this canacity.	
	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Elizabeth A. I	Dawson, Asst. Vice President		
(1)	'yped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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