Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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page. Doing so will generate another cover sheet.

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Division of Corporations
Fax Number : (850) 617-6380 date of submission 917

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

SEP 15 AM 8: 11
METANY OF STAME

REGISTERED AGENT CHANGE NORTH AMERICAN BREAKER CO., INC.

Certificate of Status	0
Certified Copy	0
Page Count	054
Estimated Charge	\$35.00

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RAROCH

From:

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	North American Br	reaker Co., Inc.	
	Name of	Corporation	_
DOCUMENT NUN	øer:	11000003030	
The enclosed Statem	ent of Change of Registered Offi	ice/Agent and fee are submitted for	filing.
Please return all con	respondence concerning this matt	er to the following:	
	David	d Brody	
-	Name of C	ontact Person	_
	Signature Grou	up Holdings, Inc.	
-	Firm/C	ompany	-
	15303 Ventura	Blvd. Suite 1600	
-	Add	dress	+
	Sherman Oa	ika, CA 91403	
	City/State a	and Zip Code	-
	cara.birardi@slg	gnaturecap.com	
E	-mail address: (to be used for	future annual report notification	) ·
For further information	on concerning this matter, please	call:	
	David Brody	805 . 43	5-1255
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a \$35.00	check made payable to the Depar	tment of State.	

CR2E045 (8/05)

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

statement of change is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organised under the laws of the State of California ce or registered agent, or both, in the State of Florida.	
1. The name of the corporation: North America		
The principal office address: 2870 N. Ontario     Burbank, CA 91504		
	enturg Blvd., Suite 1600, Sherman Oaks, CA 91403	
4. Date of incorporation/qualification:	7/26/2011 Document number: F11000003030	
5. The name and street address of the current r Florida Department of State: (If resigned, er	egistered agent and registered office on file with the atter resigned)	
Registered Agent Solutions, In	ic.	
155 OFFICE PLAZA DR SUT	TE A	
TALLAHASSEE PL 32301		
6. The name and street address of the new regi- (if changed):	stered agent (If changed) and /or registered office	
C T Corporation System		
c/o C T Corporation System, 17	200 South Pine Island Road	
	P.O. Box: NOT acceptable	
Plantation, Plorida 33324		
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered agent,	
	lly adopted by its board of directors or by an officer so as been notified in writing of the change.	
( land Break	David N. Brody, Secretary	
Signature or an orneer or orrector	Printed or typed name and title	
I hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and acce document is being filed merely to reflect a ch corporation has been notified in writing of the	d agent and agree to act in this capacity, of all statutes relative to the proper and complete performance ppt the obligation of my position as registered agent. Or, if this lange in the registered office address, I hereby confirm that the ils change.	
By: Signature of Realisters Agent	09/06/2011	
If signing on behalf of an entity:	Net	
Donald Boadway Assistant	Seuday	
* * * FA	LING FEE; \$35.00 * * *	

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

FL006 - 07/33/2009 C T System Online