## F99000002069

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ACCOUNT NO. : 072100000032 REFERENCE : 548870 4352981 AUTHORIZATION : COST LIMIT : (\$\sum\_{\text{5}}\).00 ORDER DATE: October 23, 2006 ORDER TIME : 9:56 AM ORDER NO. : 548870-195 CUSTOMER NO: 4352981 CHANGE OF AGENT NAME: WFMI, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS:

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

statement of ch	ange is submitte	ed for a corporation org	$0502$ , $607.1508$ , or $617.1508$ , Florida Stant anized under the laws of the State of $\frac{\Gamma}{1000}$ istered agent, or both, in the State of Flo	Delaware		_
1. The name of	the corporation:	: WFMI, INC.				
2. The principal office address: Three Greenwich Office Park, Greenwich, CT 06831						
3. The mailing	address (if differ	rent):				
4. Date of incom	rporation/qualifi	cation: April 21, 1999	Document number: F9900000	2069		
	nd street address artment of State:	•	d agent and registered office on file with	the		
	Corporate Crea	ations Network, Inc.				
	941 Fourth Stre	eet				
	Miami Beach,	FL 33139				
6. The name an (if changed):	street address of the new registered agent (if changed) and /or registered offic			SECRE!	2006 OCT 26	ند د
	Corporation Se	ervice Company		ARY	726	FIL
	1201 Hays Stro	eet		± ⊡		EO
1201 Hays Street  (P.O. Box NOT acceptable)						
	Tallahassee, Fl	L 32301		AGE A	42	
The street addras changed wil	ress of its registe ll be identical.	ered office and the stre	eet address of the business office of its	register	ed age	nt,
Such change wanthorized by	vas authorized b the board, or the	y resolution duly adop e corporation has been	oted by its board of directors or by an on notified in writing of the change.	officer se	0	
Maria	1111_	I will	Maureen Cullen, Attorney In Fact			
(Signa	ture of an officer or d	inector)	(Printed or typed name and tit	le)		_
I further agrée of my duties, a document is be corporation ha	to comply with nd I am familia sing filed merely is been notified	the provisions of all si r with and accept the c v to reflect a change in in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and comp obligation of my position as registered the registered office address, I hereby ge.	olete per agent. confirn	forma Or, if n that	ince this the
By: _ (,	n Service Compa	iny	October 18, 2006			
<del>Dy.</del> 30	(Date)			_		
If signing on b	ehalf of an entit	ty:				
	, Assistant Vice P					
(	(Typed or Printed Nar	·	DDD - 005 00 to to to			
		* * * FILING	FEE: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314