Ta:

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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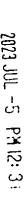
## REGISTERED AGENT CHANGE ESPERE CORPORATION

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To:

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statu anized under the laws of the State of <u>FU</u> istered agent, or both, in the State of Florid				
I. The name of	the corporation: ESPERE CORPORATI	.0N				
2. The principal	office address: 111 SW 3RD ST 6TH FI	LOOR MCCORMICK BLDG MIAMI, FL 3.	3130			
3. The mailing a	nddress (if different):					
4. Date of incor	poration/qualification: 04/27/1989	Document number: K83840				
	d street address of the current registered runent of State: (If resigned, enter resigned)	I agent and registered office on file with the	ne			
	CORPORATION SERVICE COMPAN	<u>Y</u>				
	1201 HAYS STREET					
	TALLAHASSEE, FL 32301					
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office				
	C T Corporation System		2			
	1200 South Pine Island Road					
		Box NOT acceptable				
	Plantation, Florida 33324		- J			
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its reg	gistered, agenta			
Such change wanthorized by the	as authorized by resolution duly adopt be board, or the corporation has been	ted by its board of directors or by an offi- notified in writing of the change.	cer so 7 7.			
Cathe	elisegene	Carrie K DeLima, Vice President				
I hereby accept I further agree of my duties, ar document is be	id I am Jamiliar with and accept the o ing filed merely to reflect a change in s been notified in yriting of this chang	Printed or typed name and title and agree to act in this capacity, attites relative to the proper and complet bligation of my position as registered ag the registered office address, I hereby co	te performance ent. Or, if this onfirm that the			
Sig	renture of Registered Agent	- Dute	<del></del>			
If signing on bo	half of an entity:					
	Assistant Secretary, C.T. Corporation yped or Printed Name	System				
		FEE: \$35.00 * * *				
М		LORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 3231	14			

CR2E045 (04/13)

By: