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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE INTERCOM AMERICAS USA, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: INTERCOM AMI	ERICA	S USA, LLC	-	
2. (a)	201 S Biscayne Blvd		(b) c/o WPP, 175 Greenwich St		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited (Note: MAY BE POST	
	Suite 1400		Hth Fl		
	Miami, FL 33131	_	New York, NY 10007		
	08/15/2002		102000020	0869	
3.	Date of filing/registration in Florida	4.		Document number	
(b) <u>.</u>	SHARLACH, JEFFREY R				
	Registered Agent and Registered Office shown on the records of the 201 S Biscayne Blvd	he Flori	da Dept. of Sta	ale:	
	Registered Office Address (MUST BE FLORIDA STREET A Suite 1400	DDRE:	<u>221</u>	_	
	Miami , FL	33131		_	201
	Corporate Creations Network Inc.				2023 HAY
	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	ddress:	_	J = 1
	801 US Highway 1				P P
	NEW Registered Office Address:				4: 35
	North Palm Beach , FL	33408			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	register bility c f the lir imited	red office ar ompany, it i nited liabili liability cor	nd the business office o is hereby confirmed tha ty company or as other mpany.	f the registered at the change(s)
Signat	المستانين Carros Bi Avva nature of a member or authorized representative of a member		rios M Aivar	rez, Attorney-in-Fact  Printed or typed name of signee	
l herel provisi the obli to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.  M Alyarez, Special Secretary	ve to ac perform for in creby c	t in this cap tance of my Chapter 60, confirm that	pacity. I further avree t	o comply with the
Signatur	re of Registered Agent				