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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MAK WOVIDE, LLC Name of Limited Liability Company		_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	l for filing.	
Please return all correspondence concerning this matter to the following:		
Megan Ann Knight Name of Person		
MAK Worldwide Firm/Company	2010 OU SEGGI TALL'X	
167 S 87th Styllt Address	SECRETARY OF S	
West Des Moines, IA 50alelo City/State and Zip Code	PM E: 49	©
megan. Knight@cri-meetings.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Megan A. Knight at (407) 256-5655 Name of Person Area Code & Daytime Telephone		_
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:	•••	
\$25 Filing Fee \$Certified	і Сору	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: MAK Woyldwide 87th Street 2. (a) Principal office address of limited liability company: West Des Moines (Note: MUST BE STREET ADDRESS) * New address as of 10/6/2010 (b) Mailing address of limited liability company: West Des Moines, IA (Note: MAY BE POST OFFICE BOX) January 25, 2010 10000008983 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Corporation Service Compa Registered Agent: Registered Office Address: rallahastee. Fl (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles are zation or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity of further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agen

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00