## L11000024306

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Speci	al Instruction	is to Fil	ing Office	r		
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COGEN	<b>NCY</b> GLOBAL'	115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 <b>P: 866.625.0838</b> <b>F: 866.625.0839</b> COGENCYGLOBAL.COM				
- 03/	25/20.24	Account#: I2000000088 If there are any issues please contact Patrice at 850-202-9071				
Date:03/2						
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	VIEWPOST HO	LDINGS. LLC				
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Authorized Amou	nt:\$25.00	-				

- CORPORATE HQ COGENCY GLOBAL INC. 10 E 40<sup>th</sup> ST, 10<sup>th</sup> FL NY, NY 10016 D: +1.212.947.7200 P: 800.221,0102 C 800.044 6507 F: 800.944.6607

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EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENGLAND 3 WALES,
 REGISTRY #8010712
 6 LLOYDS AVE, UNIT 4CL
 LONDON EC3N 3AX
 +44 (0)20.3961.3080

· ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY UNIT B. I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790

## 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.

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	( <u>.0)c. 0001 pl. 31K(3,1 App(C.55</u> )		
	No Change	<u>1</u>	No Change
	February 25, 2011		L11000024306
	Date of tiling/registration in Florida	4.	Document number
(a)	F & L CORP.		
(-)	Registered Agent and Registered Office shown on the records of	of the Florida D	ept. of State:
	ONE INDEPENDENT DRIVE, SUITE 1300	כ	
	Registered Office Address (MUST BE FLORIDA STREE		
	SUITE 1300		~ <b>.</b> @
	JACKSONVILLE , I	-L_32202-5	5017
(b)	COGENCY GLOBAL INC.		ر. ۲۰۵ ۲۰۰
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	85 AN 10 AN
	115 North Collegue St. Suite 4		SELECTION CONTRACTOR C
	115 North Calhoun St., Suite 4		
	<u>NEW</u> Registered Office Address:		
	Tallahassee	32301	
	Tallahassee, F	<u>الالالالالا</u>	

/s/ Adam Maxwell Eliscu

Adam Maxwell Eliscu

Signature of a member or authorized representative of a member

Printed or typed name of signce

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 605, 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.

/s/ Timothy Mayville

Signature of Registered Agent

Timothy Mayville, Assistant Secretary Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00