(Requestor's Name)

200252753792

10/18/13--01031--004 **25.00

2013 OCT 18 KH IQ: 07

(Address) (Address) (City/State/Zip/Phone #) MAIT PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status ___ Special Instructions to Filing Officer:

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J. SAULSBERRY EXAMINER OCT **2 1** 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: October 16, 2013

Order#: 838435-007

Re: AVAD LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX __ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

2013 OCT 18 AM 10: 07

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: AVAD LLC | | |
|--|---|---|
| 2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | Suite 750 Sherman Oaks, CA 914 | 111 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | 2013 00 |
| 07/20/2005 | M05000004012 | 0 |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florid | |
| Registered Agent: | C T Corporation System | 1 |
| Registered Office Address: | 1200 South Pine Island Plantation, FL 33324 | Road |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | NEW Registered Office ac | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | |
| | Tallahassee | ,FL <u>32301</u> |
| If the limited liability company is not organized under t confirmed that after the change or changes are made, th and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang the members of the limited liability company or as othe the operating agreement of the limited liability company | e Florida street address of t lentical. Or, in the case of a e(s) was/were authorized by rwise provided in the article | he registered office |
| Signature of a member or authorized representative of a member | | |
| Richard English - Authorized R | eksoh | |
| Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp | nd agree to act in this capace proper and complete performance position as registered age merely reflect a change in pany has been notified in wi | city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change. |

By:
Signature of Registered Agent Corporation Service Company Sylvia Queppet, Asst. VP

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