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DIVISION OF CORPORATION

FILED



ACCOUNT NO. : I2000000195

REFERENCE : 053318

AUTHORIZATION :

COST LIMIT :

ORDER DATE: June 30, 2009

ORDER TIME : 9:14 AM

ORDER NO. : 053318-012

CUSTOMER NO: 7676233

CHANGE OF AGENT

NAME: SMART CIRCLE INTERNATIONAL,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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. Na	Name of the limited liability company: SMART CIRCLE INTERNATIONAL LLC				
2. (a)	Principal office address of limited li (Note: MUST BE STREET ADD)	ability company: <i>RESS</i>)	_19511 Pauling _Foothill_Ranch, CA_926	10	
(b)	Mailing address of limited liability of (Note: MAY BE POST OFFICE)	company: BOX)	_19511_Pauling Foothill Ranch, CA_926	10	
	6/2007 te of filing/registration in Florida		M07000002212		
5. (a) Registered Agent and Registered O		•		
	Registered Agent:		National Corporate Resea	rch, Ltd., Inc.	
	Registered Office Address:		515 East Park Avenue Tallahassee, FL 32301		
(b)	Enter name of NEW Registered Ag	gent and/or NEW	Registered Office address:		
	NEW Registered Agent:		Corporation Service Com	pany	
	NEW Registered Office Address: (MUST BE FLORIDA STREET A		1201 Hays Street		
MOST BE TEORIDA STREET ADDRE		DDRESS)	Tallahassee .	FL_32301	
that an office hereby liabili limite	limited liability company is not organ fter the change or changes are made, to of the registered agent will be identicy confirmed that the change(s) was/we ty company or as otherwise provided diability company.	the Florida street cal. Or, in the case ere authorized by in the articles of	tws of the State of Florida, it is address of the registered offices of a Florida limited liability an affirmative vote of the me organization or the operating a	s hereby confirmed e and the business company, it is mbers of the limited agreement of the	
	reen Cullen, Authorized Person d or typed name of signee)				
comple am fai F.S. (confir B	eby accept the appointment as register y with the provisions of all statutes re miliar with and accept the obligations Or, if this document is being filed to n m that the limited liability company h orporation Service Company wre of Registered Agent) Michelle R. Van	elative to the projes of my position a nerely reflect a ch nas been notified! محد	ree to act in this capacity. I fi per and complete performance is registered agent as provided nange in the registered office a in writing of this change.	of my dulies, and I I for in Chapter 608, address, I hereby	
			5327, Tallahassee, FL 32314	NSS - T	
	·	FILING FEE:	\$25.00		
INILICI	8 (05/08)				