MOTO	30006597		
(Requestor's Name) (Address)	900235966139		
(City/State/Zip/Phone #)			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	DEPART 12 JUL		
Special Instructions to Filing Officer:	PECEIVED MENT OF STATE		
JULI 1 8 2012 L. SELLERS Office Use Only	12 JUL 17 PH 1: 86 SECRE IARY OF STATE TALLAHASSEE, FLORIDA		
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SC.	*	2	· · ·
CORPORATION SERVICE COMPANY	ACCOUNT NO.	:	12000000195
	REFERENCE	:	272501 7891691
	AUTHORIZATION	:	Smilldeman
	COST LIMIT	:	\$ 25.00
ORDER DATE :	July 17, 2012		
ORDER TIME :	10:53 AM		
ORDER NO. :	272501-005		
CUSTOMER NO:	7891691		

CHANGE OF AGENT

NAME: PROMO WORKS, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

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CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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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 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:PROMO WORKS, L.L.C.								
	2. (a)	Princip (<i>Note</i>	oal o: : M	ffice addi <i>UST BE</i>	ess of limited STREET AD	l liability co DRESS	mpan <u>y</u>	: 300 N Martingale Road Schaumburg, IL 60173	
	(b)				imited liabilit OST OFFIC				
	<u> </u>	5/2007						<u> M07000006597</u>	
	3. Da	te of fili	ng/re	egistratio	n in Florida			4. Document number	
	5. (a)) Regist	ered	Agent a	nd Registered	Office show	vn on t	he records of the Florida Dept. of State:	
		Regist	ered	Agent:				NRAI Services, Inc.	
		Regist	ered	Office A	ddress:			515 E. Park Avenue Tallahassee, FL 32301	
	(U)			istered A		Agent ano/o		V Registered Office address: Corporation Service Company	
		<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		2	1201 Hays Street				
Tallahassee FL 32301 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 of organization or the operating agreement of the limited liability company. Maureen Cathell, Authorized Person									
	(Printec I here compl am fai F.S. (confir	d or typed i	iame	of signee)		stered agent relative to 1 ons of my po o merely refl y has been n	and as the pro sition i lect a c otified	gree to act in this capacity. I further agree to per and complete performance of my Bulies, and I as registered agent as provided for the bulies, and I hange in the registered office address, I hereby in writing of this change.	
	<u>By:</u> (Signati	ure of Rdg	<u>بر)</u> istered	Agent) Co	rporation Ser	vice Compa	ny S	Sylvia Queppet, Assistant Vice President	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314									
						FILING	FEE:	\$25.00	
	INHSI	8 (05/08)							

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