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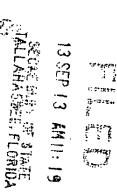
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

iffic the store

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: September 11, 2013

Order#: 784853-052

Re: ADGOLD ASSOCIATES 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: Vera M. Norris

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

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: ADGOLD ASS	SOCIATES LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: One Penn Plaza, Suite New York, NY 10119	4015
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One Penn Plaza, Suite New York, NY 10119	4015
03/05/2010	M10000001033	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florid	la Dept. of State:
Registered Agent:	C T Corporation System	1
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	•	
NEW Registered Agent:	Corporation Service Cor	mpany _δ ω ;
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	23.01.00
	Tallahassee	;FL-32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of t ntical. Or, in the case of a (s) was/were authorized by wise provided in the article	the registered office a Florida limited
Dona Priebe, Authorized Person Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to h address, I hereby confirm that the limited liability compa	l agree to act in this capac proper and complete perfo position as registered age nerely reflect a change in my 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: Whose t-Kinby		
Signature of Registered Agent Corporation Service Company	Grace E. Kirby, Assista	ant VP

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