M100000001991

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





100201081621

RECEIVED

B. KOHR APR 2 1 2011

EXAMINER

11 APR 21 PM 3: 03



PORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 749173

4370303

AUTHORIZATION :

COST LIMIT

ORDER DATE: April 19, 2011

ORDER TIME: 11:48 AM

ORDER NO. : 749173-009

CUSTOMER NO: 4370303

CHANGE OF AGENT

NAME: 20004 DELAWARE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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. Name of the limited liability company: 20004 DEL	LAWARE LLC
 (a) Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>) 	ny: 455 Magna Drive, 2nd Floor Aurora, Ontario, L4G 7A9 Canada 455 Magna Drive, 2nd Floor
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	455 Magna Drive, 2nd Floor Aurora, Ontario, L4G 7A9 Canada
05/03/2010	M10000001991
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company: (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is
Maureen Cathell, Authorized Person (Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position. F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to provide the company by: (Signature of Registered Agent) Grace E. Kirby, Asst. VP	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I in as registered agent as provided for in Chapter 60% ochange in the registered office address, I hereby ed in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 F1LING FEE: \$25.00

INIIS18 (05/08)