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DEPARTMENT OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS 0CT - 9 2012 EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE

AUTHORIZATION A

COST LIMIT :

ORDER DATE: September 26, 2012

ORDER TIME : 10:21 AM

ORDER NO. : 360204-009

CUSTOMER NO: 7903113

CHANGE OF AGENT

NAME: STELLA & DOT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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.

in the Blate by Frontier.		
1. Name of the limited liability company: STELLA & De	OT LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 1111 Bayhill Drive, Suite 375 Attn: Accounts Payable -San-Bruno CA 94066	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Attn: Accounts Payable San Bruno CA 94066	
06/07/2010	M10000002552	
3. Date of filing/registration in Florida	4. Document number	
3. Date of filing/registration in Florida5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of State:	
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	Tallahassee FL 3230LUS	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		
NEW Registered Agent:	Corporation Service Company	
<u>NEW</u> Registered Office Address: (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 stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. Maule Cignature of member or authorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited	
Maureen Cathell, Authorized Person (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr am 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	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address. I hereby d in writing of this change.	
By: (Signature of Registered Agent) Corporation Service Company	Sylvia Queppet, Asst. Vice President	

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