M10000004639

(Reque	stor's Name)		
(Addres	 ss)		
(Addres	ss)	. 	
(City/Si	tate/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Busine	ess Entity Nar	ne)	•
(Docun	nent Number)	-	
Certified Copies	Certificates	s of Status	
Special Instructions to Filir	ng Officer:		





900302277499

12/26/17--01040--007 **25.00

DE 27 MIN



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

(a)	ONE ZEISS DRIVE	(1	o)		
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	C/O GENERAL COUNSEL				
	THORNWOOD NY 10594				
	10/20/2010		M1000	00004639	
	Date of filing/registration in Florida	4.		Document number	
(a)	COGENCY GLOBAL INC.				
(**)	Registered Agent and Registered Office shown on the records of	the Florid	LDept. of S	State:	
	115 NORTH CALHOUN ST.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	2		
	SUITE 4			7 DEC P	
	Tallahassee	32301	i	PILE DEC 26	
(b)	Corporation Service Company			三 至 〇	
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	—————————————————————————————————————	
	1201 Hays Street			7	
	NEW Registered Office Address:				
					
	Tallahassee, FI	32301			
cha ent w s/we arti	mited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of organization or the operating agreement of the	f the regise ability constitution of the limited l	stered off ompany, i lited liabi iability c	fice and the business office of the registe it is hereby confirmed that the change(s) ility company or as otherwise provided in company.	
ignat	nature of a plember or authorized representative of a member		Jill Cilmi, AUTHORIZED PERSON Printed or typed name of signee		
erek wisie obli nere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	ree to act perform d for in C hereby co	in this cance of m Chapter 6 Confirm th	apacity. I further agree to comply with t ny duties, and I am familiar with and acc 105, F.S. Or, if this document is being fil at the limited liability company has been	

Signature of Registered Agent Corporation Service Company BY: GRACE E. KIRBY, ASST VP