## M11000001633

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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SECRETARY OF STATE
TALLAHASSEF, FI ORIGA

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes aholmes1@cscinfo.com

Date: February 21, 2014

Order#: 979375-186

Re: IN-STORE OPPORTUNITIES, 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: Anthony Holmes 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 605.0114, 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.

oom, in the state of Florida.		
1. Name of the limited liability company: IN-STORE OPPO	ORTUNITIES, LLC	
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	18100 Von Karman #1000 ; Irvine, CA 92612	A E G
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		EB 25
03/23/2011	M11000001633	OF ST
3. Date of filing/registration in Florida	4. Document number	TATE ORIDA
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida De	-
Registered Agent:	NRAI SERVICES, INC.	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD	
	Plantation	FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Company  1201 Hays Street	
	Tallahassee	,FL 32301
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Mathematical Signature of a member or authorized representative of a member	orida street address of the recal. Or in the case of a Flo	egistered office
Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the pro-	- gree to act in this capacity. per and complete performa	I further agree to ince of my duties,
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company By:	ition as registered agent as ely reflect a change in the has been notified in writin	s provided for in registered office g of this change.
Signature of Registered Agent Corporation Service Company	Sylvia Queppet, Assistant	Vice President

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