(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:
Walheln

Office Use Only



000226241830

12 APR -3 AN 10: 50

2012 APR -3 AM 8: 24

J. SAULSBERRY EXAMINER

APR 4 7002



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 153619 7421152

AUTHORIZATION

COST LIMIT

ORDER DATE: April 2, 2012

ORDER TIME : 9:06 AM

ORDER NO. : 153619-005

CUSTOMER NO: 7421152

## CHANGE OF AGENT

NAME: TRIUNE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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.

1 Name of the limited liability assurement. TRIUNE 11	r
Name of the limited liability company: TRIUNE, LL	<u> </u>
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 320 Commerce, Suite 100, Irvine, CA 92602
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	320 Commerce, Ste. 100, Irvine, CA 92602
10/05/2011	M11000005027
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Registered Agents Legal Scrvices, LLC
Registered Office Address:	155 Office Plaza Drive, Suite A Ros Rallahassee, FL 32301
	APR
(b) Enter name of NEW Registered Agent and/or NE	() <u></u>
NEW Registered Agent:	Corporation Service Company
(MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street STAT &
	Tallahassce ,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 chareby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of imited liability company.	t 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
Signature of a member of authorized representative of a member)	_
Chuck BINK	· -
(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 provint 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 by:  Signature of Registered Agent of the province of Registered Agent of Signature of Registered Agent of the province of the province of Registered Agent of the province of the p	<i>P</i> .
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

INHS18 (05/08)