M12000006727

| (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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Office Use Only



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T. HAMPTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: July 19, 2013

Order#: 718359-052

Re: CORNERSTONE OPERATIONS GROUP 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: Vera M. Norris 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 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.

| - | | <u>-</u> | | | |
|-------------------------------|--|---|---|--|---|
| 1. | Nar | ne of the limited liability company: CORNERSTONE | OPERATIONS GROUP LLC | | |
| 2. | (a) | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | 805 Estelle Drive, Suite 209 Lancaster PA 17601 | , | |
| | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 805 Estelle Drive, Suite 209 Lancaster PA 17601 | - | |
| 12 | /03/2 | 2012 | M12000006727 | | |
| 3. | Dat | e of filing/registration in Florida | 4. Document number | | |
| 5. | (a) | Registered Agent and Registered Office shown on t | he records of the Florida Dept. | of State: | : |
| | | Registered Agent: | NRAI Services, Inc. | | |
| | | Registered Office Address: | 1200 South Pine Island Road Plantation FL 33324 | 13 JUL | SECRI DIVISION |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | V Registered Office address: | 22 PH 12 | FILEU FINY OF OF CORP |
| | | NEW Registered Agent: | Corporation Service Company | | <u> </u> |
| | | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | 24 | Ö.H. |
| | (MUST BE FLURIDA STREET ADDRESS) | | Tallahassee | ,FL <u>32301</u> | |
| co an lia the the | nfirr d the bilit e me e ope | imited liability company is not organized under the laned that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company. | orida street address of the regis cal. Or, in the case of a Florid was/were authorized by an affi | tered off a limited irmative | ! vote∙of |
| Рг | inted | Priebe, Authorized Person or typed name of signee | - | | |
| co an Ch ad | here mply d I c iapid idres | by accept the appointment as registered agent and as with the provisions of all statutes relative to the proving familiar with and accept the obligations of my power 608, F.S. Or, if this document is being filed to ments, I hereby confirm that the limited liability company | gree to act in this capacity. I fi oper and complete performance sition as registered agent as pr rely reflect a change in the reg has been notified in writing o | urther ag e of my d ovided fo istered o f this cha | ree to uties, or in tfice inge. |
| | y: gnatui | re of Registered Agent Company | Anril Hudson Asst VP | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00