

m14000001006  
Florida Department of State  
Division of Corporations  
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To:  
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From:  
Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: BAllen@urcompliance.com

LLC REGISTERED AGENT CHANGE  
SVLO, LLC

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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.

1. Name of the limited liability company: SVLO, LLC

2. (a) 969 5TH AVENUE, APT 5 (b) 969 5TH AVENUE, APT 5

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

NEW YORK, NY 10075

NEW YORK, NY 10075

02/12/2014

M14000001006

3. Date of filing/registration in Florida 4. Document number

5. (a) COGENCY GLOBAL, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 NORTH CALHOUN ST.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 4

TALLAHASSEE, FL 32301

(b) URS AGENTS, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3458 Lakeshore Drive

NEW Registered Office Address:

3458 Lakeshore Drive Tallahassee, FL 32312

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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