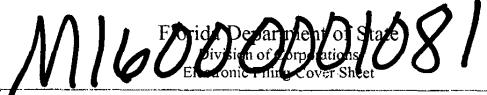
Division of Corporations



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(((H170002995673)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

Email Address:

LLC REGISTERED AGENT CHANGE GUARDED EXCHANGE, L.L.C.

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Page Count	03
Estimated Charge	\$25.00

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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.

	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	14651 Dallas Pkwy, 6th Floor	36	0 North Crescent Drive, South Building
	Dallas, TX, 75254	-	everly Hills, CA 90210
	02/09/2016	Mic	180100000
	Date of filing/registration in Florida	4.	Document number
(a)			
• •	Registered Agent and Registered Office shown on the records	of the Florida Dep	t, of State:
	NATIONAL REGISTERED AGENTS, INC.	•	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		DIVISION 13 IM IO: 14
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	EI 33324	
	•		<u> </u>
(b)	Enter name of NEW Registered Agent and/or NEW Register		م الله الله الله الله الله الله الله الل
(-7	Enter name of NEW Registered Agent and/or NEW Register	red Office address	
			ب ناز
	C T Corporation System		
	NEW Registered Office Address:		्रत
	1200 South Pine Island Road	197	
			
			•
	Plantation	FL_33324	·
e cha gent v as/w e str	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cless of organization or the operating agreement of the operating agreement of	laws of the State of the registered liability compares of the limited the limited liabi	ed office and the business office of the registere any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
e cha gent v as/vy c sol	imited liability company is not organized under the	laws of the Stars of the registered liability compares of the limited the limited liability labels are a liability labels are limited liability labels are limited liability labels are limited liability labels are limited liability labels are liability labels ar	ed office and the business office of the registere any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Velasco, Assistant Secretary Printed or typed name of signee

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

INHS18 (2/14)

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE							
	Name of Limited Liability Company						
Dear Si	ir or Madam:		,"				
The en	closed Registered Agent/Registered Offic	e Change and f	fee(s) are subn	nitted for filing.			
Please	return all correspondence concerning this	matter to the f	ollowing:				
	Sal Department Name of Person		_				
Clo	Platinum Equity Adviso	rs, LLC					
Clo Platinum Equity Advisors, LLC Firm/Company							
			۳,				
360 North Crescent Or., S. B106.							
	Address						
Ве	verty Hills, CA 90210						
	City/State and Zip Code						
С	saucedo & Platinumeauty.	. com	<u>;;</u> ,				
E	-mail address: (to be used for future annu	al report notific	cation)				
For fur	ther information concerning this matter, p	please call:					
		at (3 10	228 -	9678			
	Name of Person		Area Code &	Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MA	ILING ADD	RESS:			
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					
	Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314					
	2661 Executive Center Circle Tallahassee, Florida 32301	i a ii	ianassee, Fiori	da 32314			
	Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	□ \$5	5 Filing Fee &	: Certified Copy			
INHS1	8 (2/14)						