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DATE: 06/18/2014

NAME: C.A.U. CEDARS, INC

TYPE OF FILING: CHANGE OF AGENT

COST: $35.00

RETURN: PLAIN COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of __**Florida**__ _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: **C.A.U. CEDARS, INC.**

2. The principal office address:

| **122 EAST 42ND ST., SUITE 3605** | **NEW YORK** | **NY** | **10168** |

3. The mailing address (if different):

| **122 EAST 42ND ST., SUITE 3605** | **NEW YORK** | **NY** | **10168** |

4. Date of incorporation/qualification: **September 29, 1995** Document number: **N95000004629**

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company
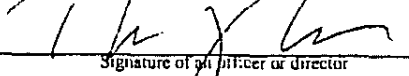
1201 Hays Street

Tallahassee, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

National Corporate Research, Ltd., Inc.

155 Office Plaza Drive

P.O. Box NOT acceptable

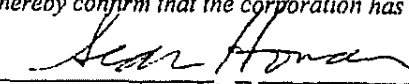**Tallahassee, FL 32301**

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____   _Thomas G. Vuccaro_, VD
Signature of an officer or director   Printed or Typed name and title

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 obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.

_____   6/18/2014
Signature of Registered Agent   Date

If signing on behalf of an entity:

Sean Honan, **Assistant Secretary**
Typed or Printed Name

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)