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| | Division of C | orporations | |
| | Fax Number | : (850)617-6380 | |
| From: | | | Ð |
| | Account Name | : REGISTERED AGENTS INC. | ŗ. |
| | Account Numbe | r : I20090000081 | <u> </u> |
| | Phone | : (307)200-2803 | E 28 |
| | Fax Number | : (855)330-1010 | SS. EX. |
| *Enter the annual | email address f report mailing | or this business entity to be used f s. Enter only one email address pleas | or future |
| Email | Address: | | |

REGISTERED AGENT CHANGE WUNDERLY CO.

| Certificate of Status | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AĞENT OR BOTH FOR CORPORATIONS

| statement of ch | eprovisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida. | |
|---|--|---|
| | the corporation: WUNDERLY CO. | |
| | office address: 1345 Avenue of the Americas, 2nd Floor New York, NY 10105 | |
| 3. The mailing a | address (if different): | |
| 4. Date of incor | rporation/qualification: 09/18/08 Document number: P08000085707 | |
| | d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) | |
| | BAGGERSON, LAUREN | |
| | 1575 Aviation Ctr. Parkway # 507 | |
| | بن ب | 7 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office 💆 💢 💆 | |
| | Northwest Registered Agent LLC | J |
| | 7901 4th St N STE 300 | |
| | P.O. Box NO Facceptable St. Petersburg FL 33702 | |
| The street address changed will | ress of its registered office and the street address of the business office of its registered agent. I be identical. | |
| | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. | |
| | MARK WINTER Printed or typed name and title | |
| l further agree of my duties, ar document is be | t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address. Thereby confirm that the s been notified in writing of this change. | |
| 77-N- Su | gnature of Registered Agent Date | |
| | chalf of an entity: | |
| Taylor Nev | | |
| | 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 (04/13)