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Division of Corporations

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: (850)521-1000 Phone Fax Number : (850)558-1515

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## REGISTERED AGENT CHANGE NFI STUDIOS, INC.

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu ange is submitted for a corporation organized under the laws of the State of Flori er to change its registered office or registered agent, or both, in the State of Florid	ida
1. The name of	the corporation: NFI STUDIOS, INC.	
2. The principa	office address: 37 N. Orange Ave., Ste 616, Orlando, FL 32801	
3. The mailing	address (if different): 7901 Jones Branch Dr, Suite 500, McLean VA 2210	2
4. Date of incom	poration/qualification: 01/25/2010 Document number: P100000068	187
	d street address of the current registered agent and registered office on file with the rtment of State:	8
	Raphael, Sterling M	
	37 N. Orange Ave., Ste 616	2010 I SEC
	Orlando, FL 32801	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	2010 DEC 15 PM 3: 45 SECRËTARY OF STATE FALLAHASSEE, FLORID
	Corporation Service Company	SI SI
	1201 Hays Street	REF.
	(P.O. Box NOT acceptable)	خ.٢
	Tallahassee, FL 32301	
The street addr as changed wil	ess of its registered office and the street address of the business office of its reg I be identical.	sistered agent,
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	cer so
	Russ Odom, CFO	
(~~)	(Printed or typed name and title)	
I nereby accept further agree of my duties, a document is be corporation ha	I 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 complet and I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby cost been notified in writing of this change.	e performance ent. Or, if this infirm that the
By: Sy	ion Service Company	•
	Ignature of Ragistered Agent) (Date)	
If signing on b	ehalf of an entity:	
Sylvia Quepp	pet, Asst. Vice President	
	Typed or Printed Name)	•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*