## P9100000870200

## Florida Department of State

Division of Corporations Public Access System

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ACCOUNT Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428 SECRETARY OF STATE AND A MARSSEF, FLORIDA

## REGISTERED AGENT CHANGE

SBA SUBSIDIARY HOLDINGS, INC.

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

| Pursuant to the provisions of sections 607.0502, 61 the undersigned corporation organized under the law  |  |
|--|--|
| submits the following statement in order to change t<br>the State of Florida.  | ts registered office or registered agent, or both, in  |
| 1. The name of the corporation : SHA Subsidiary Holdin   | ups, Inc.  |
| 2. The mailing address of the corporation: 5900 Broke  | <del></del>  |
| 3. Date of incorporation/qualification: 1/29/1997  | Document number: P97000008762  |
| 4. The name and address of the current registered ago  | ant and office:  |
| Corporation Service Company  |  |
| 1201 Hayer Street  | M. A.  |
|  | - Si   |
| 5. The name and address of the new registered agent (P. O. Box No.   |  |
| C T Corporation System   |  |
| c/a C T Corporation Symam, 1200 South Pi   | ne Island Road,  |
| Plantation, Plorida 33324  |  |
| The street address of its registered office and the stragent, as changed, will be identical.   | eet address of the business office of its registered   |
| Such change was authorized by resolution duly adopauthorized by the board.   |  |
| a de la companya della companya della companya de la companya della companya dell | 8-503  |
| (dignature of an officer, chairman or vice chairman of the b   | pard) (Pare)   |
| ames Bordonaro, Attorney in Fact (Frinted or typed name and title)   |  |
| Having been named as registered agent and to acce<br>corporation. I hereby accept the appointment as reg<br>I further agree to comply with the provisions of all s<br>performance of my duties, and I am familiar with an<br>registered agent.   | pt service of process for the above stated istered agent and agree to act in this capacity. tatules relative to the proper and complete id accept the obligation of my position as |
| CT Corporation System  | ·  |
| By: (Signature of Rebusered Appell   | 8.503  |
| If signing on behelf of an entity:  Assistant Sec  | cretary  |
| (Typed or Primod Name)   | (Cappelty)   |
| *** FILING FE  | · · · ·  |
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