P9800046117

(Re	equestor's Name)				
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	ACCOUNT NO.	:	12000000	195				
	REFERENCE	:	061640	7232314				
	AUTHORIZATION	:	Squelle	denan				
	COST LIMIT	:	\$ 35.00					
ORDER DATE :	January 16, 2012							
ORDER TIME :	12:25 PM							
ORDER NO. :	061640-054							
CUSTOMER NO:	7232314							
CHANGE OF AGENT								
NAME: ANDOVER PLACE NORTH, INC.								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON	: Becky Peirce -	I	EXT# 2919 EXAMINER:					

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

statement of chang	e is submitted for a corporation organiz	, 607.1508, or 617.1508, Florida Statute zed under the laws of the State of Flori red agent, or both, in the State of Florida	da		
1. The name of the	corporation: ANDOVER PLACE N	IORTH, INC.			
2. The principal of	fice address:				
1251 Avenue	of the Americas, 35th Floor, New	York, NY 10020			
3. The mailing add	ress (if different):		<u></u>		
4. Date of incorpor	ation/qualification: 05/21/1998	Document number: P9800004611	17		
5. The name and st Florida Departm	reet address of the current registered age ent of State:	ent and registered office on file with the			
N	IRAI Services, Inc.				
. 5	15 E. Park Avenue				
T	allahassee, FL 32301		Zen	12	
6. The name and str (if changed):	reet address of the new registered agent	(if changed) and /or registered office	AL SE	हिंह । ३	· ra
<u>C</u>	orporation Service Company		The garage	E	(*T)
12	201 Hays Street			<u>₩</u>	
	(P.O. Box NOT acceptable)		200 mg 4	,	
<u>T</u>	allahassee, FL 32301				
The street address as changed will be	of its registered office and the street ac identical.	ddress of the business office of its regis	stered age	ent,	
Such change was a authorized by the b	nuthorized by resolution duly adopted looard, or the corporation has been noti	by its board of directors or by an office fied in writing of the change.	er so		
Y Kare	ren Calhell	Maureen Cathell, Vice President			
(Signature o	f an officer or director)	(Printed or typed name and title)		_	
I further agree to co of my duties, and I document is being corporation has be	e appointment as registered agent and comply with the provisions of all statut am familiar with and accept the oblig filed merely to reflect a change in the ten notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete ation of my position as registered ager registered office address, I hereby con	performa it. Or, if firm that	nce this the	
Corporation By:	Service Company	01/25/2012			
signati	are of Registered Agent)	(Date)			
If signing on behal	f of an entity:				
	vson, Asst. Vice President d 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 (8/05)