(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
MAY 1 5 2012				
L. SELLERS				

Office Use Only



300234906983

FILED
12 MAY | | AM 9: 24

CORPORATION SERVICE COMPANY

ACCOUNT	NO.	:	120000000195

REFERENCE :

78

7869874

AUTHORIZATION Smell le man

COST LIMIT : \$\square{5}.0

ORDER DATE: May 9, 2012

ORDER TIME : 10:28 AM

ORDER NO. : 197257-172

CUSTOMER NO: 7869874

CHANGE OF AGENT

NAME: ENVOY PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ENVOY PAR	TNERS, LLC
 (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 	7: 800 Concourse Parkway S. Suite 200
	-Maitland, FL 32751
(b) Mailing address of limited liability company:	800 Concourse Parkway S.
(Note: MAY BE POST OFFICE BOX)	Suite 200
	_Maitland, FL 32751
09/26/2008	M08000091727
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Mason, Sharon
Registered Office Address:	800 Concourse Parkway S. Suite 200
	Maitland, FL 32751 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
<u>NEW</u> Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
MOST BET ECHIPTISTREET TOPRESSY	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	ot address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Maureen Cathell, Authorized Person (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my dulies, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby 1 in writing of this change.
By: (Singapure of Policiered Acont)	
	Sylvia Queppet, Asst. Vice President
Division of Corporations, P.O. Box FILING FEE	. 625.00
D. H. C. (0.5 (0.5)	: 525.00 RITE 89