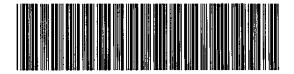
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations SUBJECT: A.A.L. + F. Southern limited Resolution Administration Company, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **NICOLAS SIHA** Name of Person LEGALINC CORPORATE SERVICES INC. Firm/Company 17350 STATE HIGHWAY 249 Address HOUSTON, TX 77064 City/State and Zip Code SUPPORT@LEGALINC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NICOLAS SIHA 713 478.1040 at (Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **■** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

27	of the limited liability company: A.A.L.+F. SOU		27475 `	YNEZ ROAD,		<u>ILII VIT I</u>	company,
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b)	Mailing address of (Note: MAY BE		-	• •
	EMECULA, CA 92591	-	TEMEC	ULA, CA 925	91		
04	4/21/2011		L110000	48128			
 U . (a)	Date of filing/registration in Florida SA-RA LLC	4.		Document num	nber		
Re	gistered Agent and Registered Office shown on the records of the 41 PRUDENTIAL DRIVE FLOOR 12-64910		da Dept. of Stat	- e:			
Re	egistered Office Address (MUST BE FLORIDA STREET A)	DDRE.	<u>SS)</u>	-			
J	ACKSONVILLE , FL	3220	7				
(b)	EGALINC CORPORATE SERVICES INC.			_		16	
	ter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office 1	ddress:	_	•	MAR	
5	237 SUMMERLIN COMMONS			_	dejd Seled Tiple Astrij	28	: '
	EW Registered Office Address:					PM	Pro-mi
S -	SUITE 400			<u></u>		4:34	·* -,
F —	ORT MYERS, FL_	390	7	_			
e change ent will as/were	ted liability company is not organized under the laws e or changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of s of organization or the operating agreement of the liab	he repoility the li	gistered offic company, it i mited liabilit	e and the busine is hereby confirm by company or a suppany.	ess office ned that	of the	registered ange(s)
Signature	of a member or authorized representative of a member	_		Printed or typed r	name of sig	gnee	······································
ovisions e obliga merelv i	accept the appointment as registered agent and agre s of all statutes relative to the proper and complete p tions of my position as registered agent as provided reflect a change in the registered office address, I he writing of this change.	e to a erfor for in ereby	nct in this cap mance of my n Chapter 60, confirm that	acity. I further duties, and I an 5, F.S. Or, if thi the limited liab	agree to i familia is docum ility com	comp r with ent is pany l	ly with the and accept being filed has been
/V/10	yrv <u>~111</u> 1						