

M U 5 U U U U U 6 0 2 2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

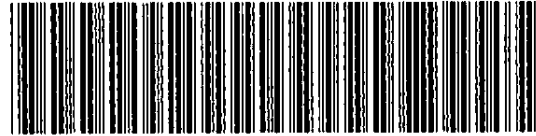
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EXAMINER



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RECEIVED
11 JUN 30 PM 4: 14
DEPT. TREASURY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 30 AM 8: 24



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 832476 7780752

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 30 AM 8:24

ORDER DATE : June 30, 2011

ORDER TIME : 3:01 PM

ORDER NO. : 832476-015

CUSTOMER NO: 7780752

CHANGE OF AGENT

NAME: APP OF FLORIDA II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX _____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS: _____

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.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 11 NOV 30 AM 8:24

1. Name of the limited liability company: APP OF FLORIDA II, LLC

2. (a) Principal office address of limited liability company: 6831 E. 32nd Street, Suite 300
Indianapolis, IN 46226
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 6831 E. 32nd Street, Suite 300
Indianapolis, IN 46226
(Note: MAY BE POST OFFICE BOX)

10/27/2005
3. Date of filing/registration in Florida

M05000006022
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: CT Corporation System
Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Corporation Service Company
NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jan Laughlin
(Signature of a member or authorized representative of a member)

Jan Laughlin
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Troy Todd
(Signature of Registered Agent) **as its agent**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00