MD6000005449

(Requestor's Name)	
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(1	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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J. SAULSBERRY EXAMINER APR 5 2013



ACCOUNT NO. : I2000000195

REFERENCE: 587437

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 28, 2013

ORDER TIME : 11:43 AM

ORDER NO. : 587437-010

CUSTOMER NO: 7926233

CHANGE OF AGENT

NAME: AUBURN REALTY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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.

1. Nai	me of the limited liability company: AUBURN REAL	TY LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 10689 N Pennsylvania Street Suite 100 Indianapolis, IN 46280		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
09/29/:	2006	M06000005449		
3. Dat	e of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on t	: he records of the Florida Dept		
	Registered Agent:	NRAI Services, Inc.		
	Registered Office Address:	515 East Park Avenue Tallahassee, FL 32301	PR	
(b)	Enter name of NEW Registered Agent and/or NEV	W Registered Office address:	TATE NAME OF THE PARTY OF THE P	
	NEW Registered Agent:	Corporation Service Company		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street 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.				
Signatur	e of a member or authorized representative of a member	_		
	Priebe, Authorized Person or typed name of signee	_		
I here compli and I d Chapte addres	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. I fu oper and complete performance sition as registered agent as pro rely reflect a change in the regis has been notified in writing of	rther agree to of my duties, wided for in stered office this change.	
Ву:	re of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. VP	Ü	
	Division of Cornerations P.O. Roy 63	27 Tallahassaa EU 32314		

FILING FEE: \$25.00

INHS18 (05/08)