## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC REGISTERED AGENT CHANGE ARC FDMLBFL001, LLC

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MAY 2 6 2015

## 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.

1. Na	me of the limited liability company: ARC FDMLBFL00	)I, LLC			
2. (a)	2325 B. Camelback Road, Suite 1100 Phoenix, AZ 85016	(b) <sup>2</sup>	(b) 2325 B. Camelback Road, Suite 1100		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,-		dress of limited liability company: MAY BE POST OFFICE BOX)	
	08/15/2013	- <u>м</u>	3000005162		
3.	Date of filing/registration in Florida  Corporation Service Company	4.	Docume	ent number	
	Registered Agent and Registered Office shown on the records of the 1201 Hays Street  Registered Office Address (MUST BE FLORIDA STREET A)				
	Taliahassee , PL	32301	<del></del>	15 MAY	
(b)-	C T Corporation System	· · · · · · · · · · · · · · · · · · ·		22 7	
	Enter name of NEW Registered Agent and/or NEW Registered C	)ffee addre	<b></b>	PH 3:1	
	NEW Registered Office Address:			₹# <b>2</b>	
	1200 South Pine Island Road	-	<del></del>		
	Plantation , FL	33324			
he changent was/we he arti	mited liability company is not organized under the law- nge or changes are made, the Florida street address of to vill be identical. Of the case of a Florida limited lial ire authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li ure of a member or authorized representative of a member	the register bility comp the limite imited liab Jennifer	red office and the pany, it is hereby d liability compa- polity company. r Kurz, Manager	business office of the registered confirmed that the change(s) ny or as otherwise provided in	
I herel provisi the obli to mere notified C T Con	by accept the appointment as registered agent and agree ons of all flatuies relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered affice address, I have the property of this change.  The profession System	e to act in performant for in Cha ereby conf	this capacity. I j se of my duties, a spier 605, F.S. O irm that the limit	further agree to comply with the nd I am familiar with and accept r, if this document is being filed ed liability company has been	
Signatul	to of Meglaizered Agent	Assi	stant Sec	retary	
	Division of Cornorationse P.O. B				

FILING FEE: \$25.00

INHS18 (2/14)