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TO:	Amendment Section Division of Corporations		Anglithern Fisher	·			
SUBJECT: Azalea Investments, Inc.							
DOC	UMENT NUMBER:	P040	000064318				
The er	nclosed Statement of Change of F	Registered Offic	e/Agent and fee are subr	nitted for filing.			
Please	return all correspondence concer	rning this matter	to the following:				
		Debra Mil	linowisch				
			llinowisch ntact Person				
	•	E					
		Quarles &	Brady I I P				
	·	Firm/Co	Brady LLP ompany				
	30	00 N. LaSalle	St., Suite 4000				
		Add	St., Suite 4000	 ,			
	To the second se	Chicago, City/State ar	IL 60654 nd Zip Code				
		cpajay@a	aol.com				
	E-mail address: (t	o be used for f	aol.com uture annual report no	tification)			
For fu	rther information concerning this	matter, please of	call:				
•	Debra Millinowisch	'n	at (312)	715-5000			
	Name of Contact Person		Area Code & Day	715-5000 ytime Telephone Number			
Enclos	sed is a \$35.00 check made payat	ole to the Depart	tment of State.				
	Mailing Address Amendment S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Clifton Build	Section Corporations ding ive Center Circle			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a co	rporation organiza	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Stat	te of Florid	da	-	
	the corporation: Azale						
2. The principal	office address: 9600 V	est Sample Ro	oad, Suite 500, Coral S	Springs, f	-L 33065		
3. The mailing a	address (if different):						
4. Date of incorporation/qualification: 4/16/2004 Document number: P040				P0400	000064318		
	d street address of the cur rtment of State: (If resign		nt and registered office on f	ile with the	·		
	Naples-Lawdock, I	nc.					
	1395 Panther Ln.,	# 300					
	Naples, FL 34109				SEC	<u>.</u>	
6. The name and (if changed):	d street address of the new	v registered agent (if changed) and /or registere	ed office	ARY		
	Jay Serbin						
	9600 W. Sample R					₹ =	
	Coral Springs, FL 3	P.O. Box NOT ac	eceptable		*>		
The street addre			dress of the business office	e of its regi	stered agen	t,	
Such change wa authorized by th	as authorized by resolutine board, or the corporat	on duly adopted b	y its board of directors or lied in writing of the chang	by an office	er so		
Aug	Acutire of an officer or director		Jay Serbin, Vic	e Preside			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflec s been notified in writing	stered agent and o sions of all statute I accept the obliga t a change in the r of this change.	agree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, T		performand nt. Or, if the firm that th	ce is e	
Ary	Sertinature of Registered Agent		[A S	111			
	half of an entity:		Date	•			
	•	7 /de / 1 Aug	CE 04. 1				
7, 6,7,0 E A	yped or Printed Name	<u>s, 140.</u> / ~ 17	12/10/1				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *