111000131230

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer:				

Office Use Only



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RE MAR 20 AN II: 12

2012 MAR 20 AM 8:

J. SAULSBERRY EXAMINER

MAR 21 2012



ION SERVICE COMPANY					
ACCOUNT NO.	: I2000000019	15			
REFERENCE		4720460			
AUTHORIZATION	:Spullelen	ran			
COST LIMIT	$(I \setminus I)$				
ORDER DATE: March 19, 2012 ORDER TIME: 9:32 AM ORDER NO: 135502					
CUSTOMER NO: 4720460					
CHANGE OF A	GENT	Î AL I	70 1		
NAME: 125502 LINES 1-53 NAME: 125502 LINES 1-53					
PLEASE RETURN THE FOLLOWING AS XX PLAIN STAMPED COPY	PROOF OF FILIN	OF STATE E. EL ORDO			
CONTACT PERSON: Stephanie Mil	nes EXT# 292	0			

EXAMINER:

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. 1	Naı	me of the limited liability company: 195 MATTIE M	I. KELLY BOULEVARD OF	ERATIONS L	LC
2. ((a)	Principal office address of limited liability company:	mpany: 800 Concourse Parkway South		
(Note: MUST BE STREET ADDRESS)		(Note: MUST BE STREET ADDRESS)	Suite 200 Maitland, FL 32751		
		-	ivialitatid, 1 L 32/31		
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		THREE MATTER DESIGNATION DOTA		2012 TALL	
					56 r=13400g
11.	/17	7/2011	L11000131230	AR AR	1]
3. I	Dat	te of filing/registration in Florida 4	. Document number	SSE SSE	<u> </u>
5.	(a)	Registered Agent and Registered Office shown on the	e records of the Florida Dent.	of State:	
٥.	(4)			25 æ	
		Registered Agent:	CT Corporation System	- 37 - 2-	
		Registered Office Address:	1200 South Pine Island Road		
		-	Plantation, FL 33324	··	
((b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Registered Office address: Corporation Service Company	У	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		NFW Registered Office Address:	1201 Hays Street		
		(MUST BE FLORIDA STREET ADDRESS)	l'allahassee	FL 32301	
		•		<i>,</i> ——	
that offi- here liab	afi ce de by ilit	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of a liability company. High Cathely	address of the registered offic te of a Florida limited liability an affirmative vote of the me	e and the busine company, it is mbers of the lin	ess nited
(Sign	atui	re of a member or authorized representative of a member)			
<u>Ma</u> (Prir	ure nted	een Cathell, Authorized Person or typed name of signee)			
I ho com am F.S. con	ere iply fan G firn	by accept the appointment as registered agent and ag v with the provisions of all statutes relative to the prop niliar with and accept the obligations of my position a r, if this document is being filed to merely reflect a ch n that the limited liability company has been notified i	ree to act in this capacity. I fi ser and complete performance s registered agent as provided ange in the registered office on my writing of this change.	urther agree to of my duties, a d for in Chapter address, I hereb	nd I : 608, y
By:	χ.	Dear toknow			
(Sign	natu	re of Registered Agent) Corporation Service Company G	race E. Kirby, Asst. VP		

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

INHS18 (05/08)