(Re	equestor's Name)		
(Address)			
(Ac	ldress)	<del></del>	
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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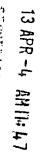
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 587437 7926233

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 28, 2013

ORDER TIME : 11:46 AM

ORDER NO. : 587437-052

CUSTOMER NO: 7926233

## CHANGE OF AGENT

NAME: SAND CAPITAL XI LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX 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.

S		
Name of the limited liability company: SAND CAPIT	AL XI LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Suite c-195 Scottsdale, AZ 85250	eet
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10689 N. Pennsylvania St Suite 100 Indianapolis, IN 46280	<b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>
03/10/2010	M10000001121	APR
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of State
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	515 East Park Avenue Tallahassee, FL 32301	3. 1 - 1
NEW Registered Agent: NEW Registered Office Address:	1201 Hays Street	pany
NEW Registered Agent:	Corporation Service Comp	pany
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the entical. Or, in the case of a lets) was/were authorized by a wise provided in the articles	e registered office Florida limited an affirmative vote of
Dona Priebe, Authorized Person		
Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacit proper and complete perfor, position as registered agent merely reflect a change in th any has been notified in writ	ly. I further agree to mance of my duties, as provided for in he registered office ting of this change.
By: Mare Y-Kubie	Grace E. Kirby, Asst. VI	

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