MUL 00000 5519

| (Re | equestor's Name) | | | | | |
|---|------------------|-------------|--|--|--|--|
| (Ad | dress) | | | | | |
| (Ad | dress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



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01/27/16--01023--014 **25.00



JAN 28 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 25, 2016

Order#: 957055-173

Re: SMBIMS ORANGE CITY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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: SMBIMS ORANG | SE CITY, L | TC | |
|----------------|------------------------|--|---|---|--|
| 2 | (a) | 40 Burton Hills Boulevard | (b)_ | | |
| ۷. | (u) | Principal office address of limited liability company: | - (0)_ | Mai | ling address of limited liability company: |
| | | (Note: MUST BE STREET ADDRESS) | | a | Note: MAY BE POST OFFICE BOX) |
| | | Suite 500 | | | |
| | | | _ | | |
| | | Nashville, TN 37215 | | | |
| | | 10/05/2006 | ļ | M06000005 | 5519 |
| 3. | | Date of filing/registration in Florida | 4. | | ocument number |
| Ψ. | | Zuv er milg regionalien in einer | | | |
| 5. | (a) | C T Corporation System | | | |
| | | Registered Agent and Registered Office shown on the records of the | e Florida De | pt. of State: | |
| | | 1200 South Pine Island Road | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET AL | ODRESS) | | |
| | | | | | 4 |
| | | | | | 1 SE SE |
| | | Plantation , FL_ | 33324 | | CR CA |
| | | , 1 5 | 00021 | · · · · · · | A THE |
| | (h) | Corporation Service Company | | | JAN 27 ARETARY AHASSE |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered C | office addre | ee. | 201 🔏 |
| | | and the or the second s | | <u></u> , | |
| | | 400411 01 1 | | | AM 8: 5 |
| | | 1201 Hays Street | | | 8 5 1 |
| | | NEW Registered Office Address: | | | A F |
| | | | | | |
| | | Tallahassee , FL_ | 32301 | | |
| | | | | | |
| If | the l | mited liability company is not organized under the laws | s of the Sta | ate of Flori | da, it is hereby confirmed that after |
| เก ลอ | e ona ent v | nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab | ne register pility comi | ned office a pany, it is h | ereby confirmed that the change(s) |
| W | as/we | ere authorized by an affirmative vote of the members of | the limite | d liability of | company or as otherwise provided in |
| th | e arti | cles of organization or the operating agreement of the li | imited liab | oility compa | any. |
| | í | 1) 26 - | Dona F | ^o riebe, Autl | norized Person |
| | Signa | ture of a member or authorized representative of a member | | P | rinted or typed name of signee |
| pr th to | ovisi e obl merc | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had I in writing of this change. | e to act in performand for in Cha preby conf | this capac ce of my du apter 605, l irm that the | ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been |
| | χ | Juan Co-Kinble | | | |
| S | gnatu | re of Registered Agent Corporation Service Company | BY: Grad | ce E. Kirby | y, Asst. Vice President |

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