2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000046717

Entity Name: BLUEHENGE II, LLC

Current Principal Place of Business:

191 W. NATIONWIDE BLVD., SUITE 600 COLUMBUS, OH 43215

Current Mailing Address:

191 W. NATIONWIDE BLVD., SUITE 600 COLUMBUS, OH 43215

FEI Number: 46-2454772

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Title | MGRM | Title | MGRM |
|-----------------|--|-----------------|--|
| Name | DAVIES, PETER G | Name | ED LLC |
| Address | 191 W. NATIONWIDE BLVD., SUITE 600 | Address | 191 W. NATIONWIDE BLVD., SUITE 600 |
| City-State-Zip: | COLUMBUS OH 43215 | City-State-Zip: | COLUMBUS OH 43215 |
| | | | |
| Title | MGRM | Title | MGRM |
| Title Name | MGRM EVERSOLE, ROBERT M | Title Name | MGRM UTGARD, THOMAS R |
| | | | |
| Name | EVERSOLE, ROBERT M 191 W. NATIONWIDE BLVD., SUITE | Name | UTGARD, THOMAS R 191 W. NATIONWIDE BLVD., SUITE |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATHY A. RHOADES

DIRECTOR OF HR & ADMINISTRAITON

08/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date