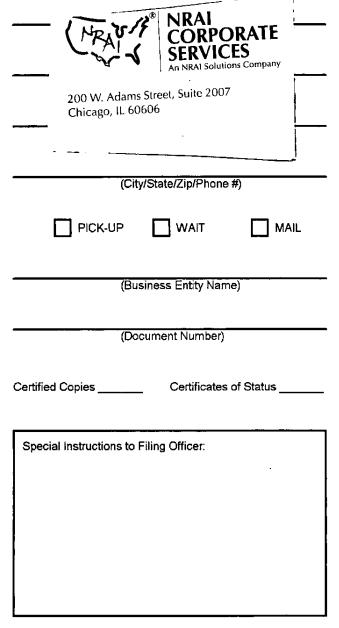
## 844342



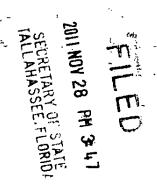
Office Use Only



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11/28/11--01031--027 \*\*35.00



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

statement of cha	ange is submitted for a c	orporation organize	507.1508, or 617.1508, Flow d under the laws of the State d agent, or both, in the State	e of Nebraska	-
	the corporation: ACI V		•		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: _	10/12/1979	Document number:	844342	
	d street address of the cu rtment of State: (If resign	•	at and registered office on fi	le with the	
	Corporation Service	ce Company			
	1201 Hays St.				
	Tallahassee, FL 3	2301			
6. The name and (if changed):		w registered agent (i	if changed) and /or registere	17	IJ
	NRAI Services,	inc.			
	515 East Park Av	SEE. I			
	Tallahassee, FL 3	P.O. Box NOT ac 32301	ceptable	FLORI FLORI	نب
The street addr	ess of its registered offi	ce and the street ad	dress of the business office	of its registered agen	ıt,
			y its board of directors or he ied in writing of the change	•	
Signer	are of an officer or director		Dennis P. Byrnes,	Executive V.P.	-
I further agree of my duties, ar document is be	to comply with the prov nd I am familiar with ar ing filed merely to refle is been notified in writir	visions of all statute nd accept the obliga oct a change in the r	ngree to act in this capacity is relative to the proper and ition of my position as regi egistered office address, I	d complete performan stered agent. Or, if th hereby confirm that th	ce iis ie
hv: 400	ghature of Registered Agent		11/15/2	011	-
If signing on be	ehalf of an entity:				
Jeffrey R. 0	Graves, Assistant S	ecretary_		•	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Typed or Printed Name