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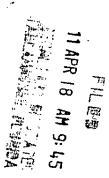
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PICK-UP WAIT MAIL					
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COVER LETTER

Amendment Section Division of Corporations

TO:

	OFMO of Opin					
SUBJECT:	CT: SEMS of Gainesville, Inc. Name of Corporation					
DOCUMENT NU	MDED. FOR	000001860				
DOCUMENT NUMBER: FU8000001860						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Victor Alfano					
•	Name of Contact Person					
NRAI Corporate Services, LLC						
	Firm/Company					
	16055 Space Cen	ter Blvd., Suite 235				
	Aut	11055				
	Houston, TX 77062 City/State and Zip Code					
City/State and 2.1p Code						
	E-mail address: (to be used for future annual report notification)					
For further information	tion concerning this matter, please	call:				
	Victor Alfano	at (800) 862-5438				
Nam	ne of Contact Person	at (800) 862-5438 Area Code & Daytime Telephone Number				
T 1						
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

			607.1508, or 617.1508, Flo ed under the laws of the Sta			
in orde	er to change its registere	d office or registere	d agent, or both, in the Sta	te of Florida.		
1. The name of	the corporation: SEMS	S of Gainesvil	le, Inc.			
2. The principal office address: 11628 South Choctaw Drive, Baton Rouge, LA 70815						
2 771 '11'	11 ((0.100)					
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: _	04/24/2008	Document number:	F08000001860		
	d street address of the cu rtment of State: (If resign		nt and registered office on f	ile with the		
	C T Corporation					
	1200 South Pine S	Street				
	Plantation, FL 333	24				
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and /or register	ed office		
	NRAI Services, I	nc.	<u> </u>			
	515 East Park Av					
P.O. Box NOT acceptable Tallahassee, FL 32301						
				— 8 × 18		
The street addreas changed will	ess of its registered office be identical.	ce and the street ad	dress of the business offic	e of its registered pent,		
Such change was authorized by the	as authorized by resolut he board, of the corpora	ion duly adopted b tion has been notif	y its board of directors or led in writing of the chang	by an officer so		
Signatu	re of an officer or director		Victor Alfano, V	ice President		
I hereby accept I further agree of my duties, ar document is bet corporation has NRAI Servici	s veen noupea y wrum	istered agent and a isions of all statute d accept the obliga ct a change in the r g of this change.	igree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, l	y. Id complete performance istered agent. Or, if this hereby confirm that the		
by: ()	mise Bell gnature of Registered Agent		04/11/2	011		
_	chalf of an entity:		Date			
Denise E	Bell, Assistant Secre	etary				
Typed or Printed Name						

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