Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 : (850)521-1000 Phone Fax Number : (850)558-1575

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

PHALL MUULUSS:	Emai	1	Address:	
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REGISTERED AGENT CHANGE DORMIR, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

STATEMEN	TOF CHANGE OF REGISTERED OF FOR CORPO		NT OR BOTH
statement of cha	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi or to change its registered office or registe	zed under the laws of the State of De	laware
1. The name of	the corporation; DORMIR, INC.		
2. The principal	office address:		
615 West (Carmel Drive, Suite 100, Carmel, IN	46032	
	address (if different):		
4. Date of incor	poration/qualification: 09/01/2009	Document number: F0900000	3496
	d street address of the current registered agriment of State:	gent and registered office on file with the	he
	CT Corporation System		
	1200 South Pine Island Road		TAL SEC
	Plantation El 33324		2010 FEB SECRET TALLAH
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	7032
	Corporation Service Company		FLOS
	1201 Hays Street		2 5
	(P.O. Box NOT acceptable)		<u></u>
	Tallahassee, FL 32301		
The street addr as changed will	ess of its registered office and the street a l be identical.	address of the business office of its re	egistered agent,
Such change wanthorized by t	as authorized by resolution duly adopted he board, on the corporation has been not	by its board of directors or by an off lifted in writing of the change.	ficer so
lya	ure of an officer or director)	Elizabeth A. Dawson, Attorney	
,, _	•	(Printed or typed name and bile)	
	the appointment as registered agent and to comply with the provisions of all statual to comply with the provisions of all statual tan familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change. on Service Company	l agree to act in this capacity. ites relative to the proper and comple gation of my position as registered a registered office address, I hereby c	ete performance gent. Or, if this confirm that the
By: \subseteq	grature of Registarca Agent)	02/11/2010 (Date)	
	chalf of an entity:	(i-alo)	
	et, Asst. Vice President		
(Typed or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)