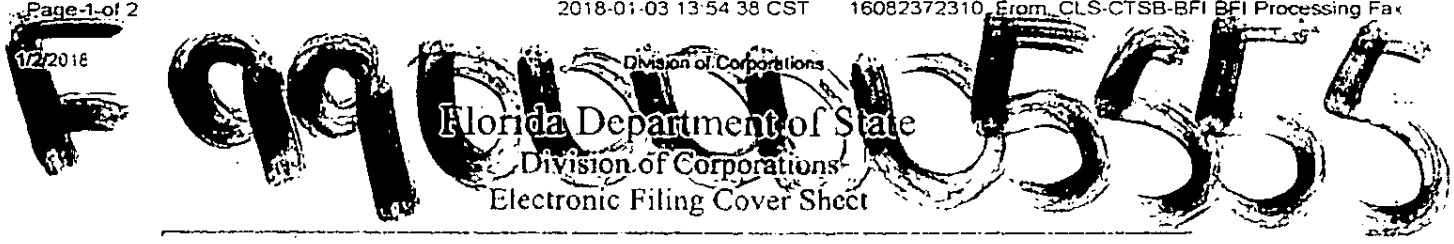


12/20/18



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000002090 3)))



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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

rkchng
R WHITE
JAN 04 2018

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

Email Address: _____

REGISTERED AGENT CHANGE
SHAMROCK DEVELOPMENT OF INDIANA, INC.

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

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H180000020903

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SHAMROCK DEVELOPMENT OF INDIANA, INC.
- 2. The principal office address: 5775 Nimtz Pkwy Suite 200, South Bend, Indiana 46628
- 3. The mailing address (if different):
- 4. Date of incorporation/qualification: 10/27/1999 Document number: F99000005555

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

C T Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

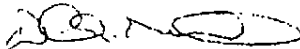
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Business Filings Incorporated
 1200 South Pine Island Road
 P.O. Box NOT acceptable
 Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

William G Mishel, President
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


 Signature of Registered Agent

20th day of December, 2017
 Date

If signing on behalf of an entity:

Mark Williams, AVP
 Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (03/12)

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