L01000 20314

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		
I		

Office Use Only



700241839677

PILED

2018 JAN -2 AM 10: 16 DEFARTMENT OF STATE

2018 JAN -2 AM 10: 16 DEFARTMENT OF STATE

SECRETARY OF STATE

13 JAN -2 PM 4: 23

D. BRUCE
JAN 0 3
EXAMINER



ACCOUNT	NO.	:	120000000195
---------	-----	---	--------------

REFERENCE : 481087 7914784

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 31, 2012

ORDER TIME : 3:50 PM

ORDER NO. : 481087-037

CUSTOMER NO: 7914784

CHANGE OF AGENT

NAME: ORC TRAINING, LLC

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ORC TRAININ	IG, LLC			
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	y: 11111 Carmel Commons Boulevard Suite 410			
	-Charlotte NC 28226			
(b) Mailing address of limited liability company:	11111 Carmel Commons Boulevard			
(Note: MAY BE POST OFFICE BOX)	Suite 410 Charlotte NC 28226			
11/26/2001	L01000020314			
3. Date of filing/registration in Florida	. Document number			
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:			
Registered Agent:	NRAI Services Inc.			
Registered Office Address:	515 E. Park Avenue			
	3>=1			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:			
NEW Registered Agent:	Corporation Service Company			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street			
(MUSI BE FLURIDA STREET ADDRESS)	Tallahassee ,FL 32301			
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited			
Deb Reeves, Authorized Person (Printed or typed name of signee)	-			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified By: (Signature of Registered Agent) Corporation Service Company				
Division of Company S				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)