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(Re	equestor's Name)					
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PICK-UP	₩ WAIT	MAIL				
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Certified Copies	Certificates	of Status				
Special Instructions to	Filing Officer:					
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EXAMINER



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AUTHORIZATIO		Spulle	lenan			
COST LIM	IT :	\$ /25 ,00		-		
ORDER DATE : December 31,	2012					
ORDER TIME : 3:48 PM						
ORDER NO. : 481087-001						
CUSTOMER NO: 7914784						
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NAME: COLAN PROPI	ERTIE	S, LLC				
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CONTACT PERSON: Stephanie	ilne:	s 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: COLAN PRO	PERTIES, 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: (Note: MAY BE POST OFFICE BOX)	11111 Carmel Commons Boulevard Suite 410 Charlotte NC 28226				
02/20/2002	L02000004067				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:				
Registered Agent:	NRAI Services Inc.				
Registered Office Address:	515 E. Park Avenue Tallabassee FL 32301				
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:				
NEW Registered Agent:	Corporation Service Company				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street				
	Tallahassee ,FL 32301				
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is				
Deb Reeves, Authorized Person (Printed or typed name of signee)	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified by:	igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.				
(Signature of Registered Agent) Corporation Service Company	Sarah Wright, Asst. VP				

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