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ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: December 15, 2011 ORDER TIME : 10:04 AM ORDER NO. : 027083-003 CUSTOMER NO: 7861660 CHANGE OF AGENT NAME: CENTER CONTRACTING COMPANY OF CENTRAL FLORIDA, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Becky Peirce -- EXT# 2919 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: <u>CENTER CONTR</u>	ACTING COMPANY OF CENTRAL FLORIDA, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 237 S. Westmonte Dr., Ste 140 Altamonte Springs, FL 32714
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	237 S. Westmonte Dr., Ste 140 Altamonte Springs, FL 32714
11/04/2002	L02000029341
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Corporation Company of Miami
Registered Office Address:	201 S. Biscayne Boulevard 1500 Miami Center (JGH) Miami, FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	V Registered Office address: Corporation Service Company
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA 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 ca hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. Maure Cathel	address of the registered office and the business se of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	•
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a co confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
By: (Signature of Registered Agent) Corporation Service Company S	ylvia Queppet, Asst. Vice President

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

INHS18 (05/08)