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B. KOHR

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EXAMINER



ON SERVICE COMPANY.					
	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	237114	7122203	
	AUTHORIZATION	: ,			<u> </u>
	COST LIMIT	Ç	Spell & e	man	是是
ORDER DATE :	January 22, 2010		0-		10 JAH 22 PH 3: 25
ORDER TIME :	10:52 AM				်ပူ လ
ORDER NO. :	237114-020				' Ŭ'
CUSTOMER NO:	7122203				
	·				· ·
CHANGE OF AGENT					
NAME :	BLAREN, LLC				
	THE FOLLOWING AS FIED COPY STAMPED COPY	PR	OOF OF FIL	ING:	
CONTACT PERSON	J: Carina L. Dun	lan	EXT# 2	951	

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: BLAREN, L	LC
 (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 	Suite 2800 Charlotte, NC 28202
07/09/2003	103000025066
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	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 limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. Signature of a member or authorized representative of a member)	at address of the registered office and the business ase of a Florida limited liability company, it is
(Printed or typed name of signce)	Secretary, Authorized Representative
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of the statute of 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 to the company of the company	gree 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 I in writing of this change.
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314

FILING FEE: \$25.00