L030110045366

(Requestor's Name)			
(Address)			
(Address)			
(6)		AR AR	
(CII	ty/State/Zip/Phone	#)	
. PICK-UP	MAIT WAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



700163328957

SECRETARY OF STATEMS
SIVISION OF CORPORATIONS
09 DEC -9 AM 9: 30

TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED

OFFARTHENT OF STATE

FORVISION OF COMPORATION

2000 DEC -9 PM 1: 1

B. KOHR

DEC 1 0 2009

EXAMINER



ACCOUNT NO. : I2000000195				
REFERENCE : 195340 7731713				
AUTHORIZATION :				
COST LIMIT : Spellenan &				
ORDER DATE : 12/09/09				
ORDER TIME: 3:01 PM				
ORDER NO. : 195340-066				
CUSTOMER NO: 7731713				
CHANGE OF AGENT NAME: ALS HOLDING I, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Carina L. Dunlap EXT# 2951				
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. Na	ame of the limited liability company: ALS HOLD	NG I, LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: _6600 Corporate Center Parkway
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Jacksonville, FL 32216
3 Da	11/18/2003 ate of filing/registration in Florida	L03000045366 4. Document number
		4. Document function
5. (a) Registered Agent and Registered Office shown on t	
	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>	V Registered Office address:
	NEW Registered Agent:	Corporation Service Company
(MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street Tallahassee ,FL 32301
that at office hereby liabili limite	limited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by ty company or as otherwise provided in the articles of d liability company.	aws of the State of Florida, it is hereby confirmed
Maus (Printed	reen Cullen, Authorized Person	
I here compl am fai F.S. C confir By: Signatu	why accept the appointment as registered agent and agent with the provisions of all statules relative to the proposition of all statules relative to the proposition of this document is being filed to merely reflect a climited liability company has been notified or poration services company. The of Registered Agent Grace E. Kirby, Asst. VP	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, lange in the registered office address, I hereby in writing of this change.

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

INHS18 (05/08)