L06000004087

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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DEPARTMENT OF STATE
DIVISION OF COOPERATIONS

B. KOHR FEB 1 8 2010

EXAMINER

DIVISION OF CORPORATION

10 FEB 18 PH 2: 50



ON REHAICE COMPANA.			
ACCOUNT NO. : I2000000195			
REFERENCE : 287631 7468825			
AUTHORIZATION: Spelle le man			
COST LIMIT : \$25.00	10 C		
COST LIMIT : \$ 25.00 ORDER DATE : February 17, 2010 ORDER TIME : 9:27 AM ORDER NO. : 287631-095	10. CO.		
ORDER TIME : 9:27 AM	CORPUR		
ORDER NO. : 287631-095	,		
CUSTOMER NO: 7468825	•		
<u>CHANGE OF AGENT</u>			
NAME: RELIANCE-MIDDLE RIVER, LLC			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Heather Chapman EXT# 2908			
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 608.506 company submits the following statement in order to char in the State of Florida.	8, Florida Statutes, the undersigned limited liability tge its registered office or registered agent, or both,
1. Name of the limited liability company: RELIANCE	-MIDDLE RIVER, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	20 Battery Park Avenue, Suite 305 Asheville, NC 28801
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	20 Battery Park Avenue, Suite 305 Asheville, NC 28801
01/12/2006	L06000004087
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:	Robert O. Jackson
Registered Office Address:	805 E. Broward Boulevard Sutie 200
	Ft. Lauderdale, FL 33301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address:
<u>NEW</u> Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
[MUST BE FLURIDA STREET ADDRESS]	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 bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized presentative of a member)	t address of the registered office and the business ase of a Florida limited liability company, it is
Blanca Lozada, 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 program 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 Corporation Service Company By: (Signature of Registered Agent) Grace E. Kirby, Assistant VP	

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