Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE NEW TAMPA SLEEP CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00
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S. HAWKES FEB 1 8 2010 Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited tiability 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: NEW TAMP	A SLEEP CENTER LLC			
 (a) Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>) 	ny: 2824 Windguard Cir. Wesley Chapel, FI, 33543			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	615 West Carmel Drive, Suite 100 32 Carmel, IN 46032			
07/05/2006	L06000066831			
3. Date of fiting/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	4. Document number the records of the Florida Dept. of State: PROPERTY OF STATES AND ADDRESS OF STATES AND ADDRESS OF STATES			
Registered Agont:	NRAI Services, Inc.			
Registered Office Address:	2731 Executive Park Drive, Suite 4 Weston, FL 33331			
(b) Enter name of NFW 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 ,FL32301			
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. Signature of member or authorized representative of a member)	e laws of the State of Florida, it is hereby confirmed bet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the			
Elizabeth A. Dawson, Attorney in Fact (Printed or typed name of signee)				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the promision of my position 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 Corpogation Service Company	agree to act in this capacity. I further agree to roper und complete performance of my duties, and I in a registered agent as provided for in Chapter 608, change in the registered office address, I hereby a in writing of this change.			
Signature of Registered Agent) Sylvia Queppet, Asst. Vice President	dent			
Division of Cornerations P O Rea	v 6377 - Fullahusepe - RL - 32314			

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

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