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EXAMINER

CSC 1201 Hays Street Tallahassee, FL 32301 (800) 927-9801

ACCOUNT NO. : 12000000195 REFERENCE AUTHORIZATION (COST LIMIT ORDER DATE: February 13, 2012 ORDER TIME : 10:39 AM ORDER NO. : 093974-181 CUSTOMER NO: 7867494 CHANGE OF AGENT NAME: VILLA HOLDING, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

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: VILLA HOLD	DING, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
07/12/2007	L07000072631
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:	NRAI Services, Inc.
Registered Office Address:	515 E. Park Ave. Tallahassee FL 32301
	7 7
(b) Enter name of NEW Registered Agent and/or NE	Same and the same
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 3230 E
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby 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 representative of a member)	et address of the registered office and the business
Maurcen Cathell Authorized Person (Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am 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	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

(Signature of Registered Agent) Sylvia Queppet, Asst. VP