07000084565

(Requestor's Name)	-	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
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FEB - 4 2013 J. BRYAN



ACCOUNT NO. : 12000000195	
REFERENCE : 516924 7918422	
AUTHORIZATION :	
COST LIMIT : 35.00	
ORDER DATE : January 31, 2013	
ORDER TIME : 3:41 PM	
ORDER NO. : 516924-021	701 S S
CUSTOMER NO: 7918422	T I
CHANGE OF AGENT	ASSEE. FLORIDA
NAME: AMERIMIX REALTY HOLDINGS, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Carina L. Dunlap EXT# 52951	
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.

in the state of Pioriaa.	
1. Name of the limited liability company: AMERIMIX R	EALTY HOLDINGS, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 8201 Arrowbridge Boulevard Charlotte NC 28273
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8201 Arrowbridge Boulevard Charlotte NC 28273
08/17/2007	L07000084565
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State
Registered Agent:	C T Corporation
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>	
<u>NEW</u> Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the lattat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	t address of the registered office and the business are of a Florida limited liability company, it is an affirmative vote of the members of the limited
(organizate of a memori of authorized representative of a memori)	
Deb Reeves, 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 pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c 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, hange in the registered office address, I hereby in writing of this change.
By: Sarah Weight	Sarah Wright, Asst. Vice President
	3,

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