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ZUZYEB Z4 AH 9: U4 "SECRETARY OF STATE: TALL AHASSEF, FLORIDA

J. SAULSBERRY EXAMINER FEB 2 7 2012 February 16, 2012

VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314



Re: NATIONAL INSTITUTE OF QUALITY ASSURANCE II, LLC

Dear Sir or Madam:

On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

JACLYN WRIGHT

515 CONGRESS AVE., SUITE 2300

AUSTIN, TX 78701

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.

ISTITUTE OF QUALITY ASSURANCE II	, LLC
y: 361 E HILLSBORO BLVI	D
DEERFIELD BEACH FL 33441	
361 E HILLSBORO BLVD	
DEERFIELD BEACH FL 33441	
L07000094434	
4. Document number	
the records of the Florida Dept. of State:	
O'NEAL, DANIEL	
361 E HILLSBORO BLVD DEERFIELD BEACH FL 33441	
W Registered Office address: Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A	
Tallahassee ,FL32301	
laws of the State of Florida, it is hereby lorida street address of the registered official. Or, in the case of a Florida limited was/were authorized by an affirmative verwise provided in the articles of organization. LAHASSEE FLORE TARRY OF STATE AND SEE TO STATE AND SEE	ote on
	DEERFIELD BEACH FL 33441 361 E HILLSBORO BLVD DEERFIELD BEACH FL 33441 L07000094434 4. Document number the records of the Florida Dept. of State: O'NEAL, DANIEL 361 E HILLSBORO BLVD DEERFIELD BEACH FL 33441 W Registered Office address: Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee ,FL32301 aws of the State of Florida, it is hereby orida street address of the registered official. Or, in the case of a Florida limited was/were authorized by an affirmative very wise provided in the articles of organization.

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: <u>NATIONAL INS</u>	<u>STITUTE OF QUALITY ASSURANCE II, LLC</u>
2. (a) Principal office address of limited liability company	361 E HILLSBORO BLVD
(Note: MUST BE STREET ADDRESS)	DEERFIELD BEACH FL 33441
(b) Mailing address of limited liability company:	361 E HILLSBORO BLVD
(Note: MAY BE POST OFFICE BOX)	DEERFIELD BEACH FL 33441
09/14/2007	L07000094434
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	O'NEAL DANIEL
Registered Office Address:	361 E HILLSBORO BLVD DEERFIELD BEACH FL 33441
•	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Registered Agent Solutions, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr., Suite A
	Tallahassee ,FL32301
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Robert D. Donohoe, Senior Vice President	orida street address of the registered office
Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the product I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company Art Flores, Asst. Secretary Signature of Registered Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in the registered office has been notified in writing of this change.

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