L07000)20071

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

B. KOHR
AUG 1 6 2011
EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	BJECT: WALDENGREEN ACQUISITION LLC Name of Limited Liability Company				
Dear	Sir or Madam:			6	
The c	nclosed Registered Agent/Registered (Office (Change and fee(s) are submitted for	filing.	
Please	e return all correspondence concerning	this m	natter to the following:		
	ELISABETH ALONSO Name of Person				
	Name of Person				
	MCKINLEY, INC. Firm/Company				
	320 N MAIN STREET SUITE Address	200			
	ANN ARBOR, MI 48104 City/State and Zip Code				
Ē	ealonso@mckinley.com -mail address: (to be used for future annual report t	notificatio	on)		
For fu	orther information concerning this matt	ter, plea	ease call:		
	ELISABETH ALONSO	_ at (_	734) 769-8520, X19		
	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Area Code & Daytime Telephone No. MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	ımber	
	Enclosed is a check for the following	ng amo	ount:		
	\$25 Filing Fee		\$55 Filing Fee & Certified Co	ру	

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:	WALDENGREEN ACQUISITION LLC				
2. (a) Principal office address of limited liability	y company: 320 N MAIN STREET SUITE 200				
(Note: MUST BE STREET ADDRESS					
(<u></u>	ANN ARBOR, MI 48104				
(b) Mailing address of limited liability compa	any: 320 N MAIN STREET SUITE 200				
(Note: MAY BE POST OFFICE BOX)	ज वि				
(Note: MAT BE FOST OFFICE BOX)	ANN ARBOR, MI 48104				
12/3/2007	ANN ARBOR, MI 48104 L07000120071				
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.					
Registered Agent:	KATHY HENSLEY				
Registered Office Address:	4401 S KIRKMAN ROAD				
	ORLANDO, FL 32811				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address :					
NEW Registered Agent:	HARRY COLLISON				
NEW Registered Office Address:	180 S KNOWLES AVENUE SUITE 3				
<u>(MUST BE FLORIDA STREET ADDR)</u>	<u>WINTER PARK</u> ,FL32789				
liability company it is hereby contirmed that the	under the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.				

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent