## \_08000061649

(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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B. KOHR
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EXAMINER



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ON SERVICE COMPANY		
ACCOUNT NO.	: 1200000019	5
REFERENCE	: 101545	7870600
AUTHORIZATION	Local & Com	0
COST LIMIT	: (\$ 25.00	
ORDER DATE : February 20, 201	2	12 FT8 21
ORDER TIME : 9:44 AM		3
ORDER NO. : 101545-054		-
CUSTOMER NO: 7870600		
CHANGE OF A	<u>GENT</u>	
NAME. OCT COMMITTE	<b>~</b>	
NAME: SSL SOUTH, LL	<u> </u>	
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING	<b>G</b> :
CERTIFIED COPY XX PLAIN STAMPED COPY		
AA PLAIN SIAMPED COFI		
CONTACT PERSON: Troy Todd 1	EXT# 2940	
	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 company submits the following statement in order to change its registered office or registered in the State of Florida.	limited liability d agent, or both,
Name of the limited liability company: SSL SOUTH, LLC	12 TO THE PARTY OF
2. (a) Principal office address of limited liability company: 5440 W Tyson Ave	

1. Name of the limited liability company: SSL SOU	TTH, LLC
2. (a) Principal office address of limited liability con ( <i>Note: MUST BE STREET ADDRESS</i> )	_3
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	12000 Aerospace Ave, Ste 300 Houston, TX 77034
06/24/2008	L08000061648
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <b>NEW Registered Agent</b> and/or	NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

Tallahassee ,FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person
(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.

By: (Signature of Registered Agent) Corporation Service Company Sylvia Queppet, Assistant Vice President

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