## 12800013934

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

G. MCLEOD

NOV 28 2012

**EXAMINER** 



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12 NOV 2 I ATTER STATEMENT OF S

12 NOV 27 AM II: 50

DEPARTMENT OF STATE

NOV 27 PM 2: 15



	ACCOUNT NO.	:	I200000	00195	
	REFERENCE	:	319147	4352697	
	AUTHORIZATION	:		W Xoo	
	COST LIMIT	:	\$ 25	spendeman	
<b></b>				<u></u>	
ORDER DATE :	August 20, 2012				
ORDER TIME :	5:20 PM				
ORDER NO. :	319147-005				
CUSTOMER NO:	4352697				
	CHANGE OF A	GEN'	<u>T</u>		
NAME:	RONA BARTELST	ONE			
	ASSOCIATES, L				
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF F	ILING:	
CERTIFIED COPY					
XX PLAIN STAMPED COPY					

EXAMINER:

CONTACT PERSON: Harry B. Davis -- EXT# 2926

## 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 Florida.		
1. Name of the limited liability company: RONA BAR	TELSTONE ASSOCIATES, LLC	
<ol> <li>(a) Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	ny: 500 W. Main Street Louisville, KY 40202	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	500 W. Main Street Louisville, KY 40202	
8/1/2008	L098000073934	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	·	f State:
Registered Agent:	NRAI SERVICES, INC.	<del></del>
Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE, FL 32301	7
	TALLAHASSEE, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:  Corporation Service Company	27 AHII
NEW Registered Office Address:	1201 Hays Street	98E 5
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee "F	<u>32301</u>
If the limited liability company is not organized under the that after the change or changes are made, the Florida street of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	eet address of the registered office a case of a Florida limited liability of by an affirmative vote of the mem of organization or the operating ag	and the business ompany, it is bers of the limited
Joan O. Lenahan, Vice President and Corporate Secretary (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pain 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 notificated.	l agree to act in this capacity. I fur proper and complete performance o on as registered agent as provided f a change in the registered office ad- ed in writing of this change.	ther agree to f my duties, and I or in Chapter 608. dress, I hereby

(Signature of Registered Agent) Corporation Service Company Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Harry B. Davis

Asst. Vice Pres