L08000108279

(Requestor's Name)				
(Address)				
(Address)				
(,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusiness Entity Name)				
(Business Entity Name)				
(Document Number)				
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2015 DEC 30 AM 11: 2

N. Culligan JAH - 4 7916



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com\

Date: December 24, 2015

Order#: 922383/033

Re: OP MELBOURNE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	3820 Mansell Road	(b)	3820 Mansell Road
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	` ` ` `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 280		Suite 280
	Alpharetta, GA 30022		Alpharetta, GA 30022
	11/19/2008		L08000108279
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
/· (- /	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2015
			5 0
		00004	
	Plantation , FI	_ 33324	—————————————————————————————————————
(b)	Corporation Service Company		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress: 2
			27
	1201 Hays Street		,12*
	NEW Registered Office Address:		
	7 II I	00004	
	Tallahassee , FI	32301_	
the change of th	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the regist ability cor of the limit	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
0:	() 8	Dona	Priebe, Authorized Person
	of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performa d for in Ci hereby co	in this capacity. I jurther agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filea nfirm that the limited liability company has been

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

INHS18 (2/14)

By: Elizabeth A. Dawson, Asst. Vice President