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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	NVC/GP - Spring Hill, LLC					
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	iclosed Registered Agent/Registered Off	fice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	nis matter to the fo	llowing:			
Shar	on H. Yarnali					
_	Name of Person		-			
The f	NuRock Companies					
	Firm/Company		•			
1 008	North Point Parkway - Suite #125					
	Address		-			
Alpha	aretta, GA 30005					
	City/State and Zip Code		-			
syarr	nall@nurock.com					
E	-mail address: (to be used for future an	nual report notifica	ation)			
For fu	rther information concerning this matter	, please call:				
Share	on H. Yarnali	678	297-3408			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

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.

1. N	lame of the limited liability company: NVC/GP - Sp	oring Hill, LCC		
2. (a)	NVC/GP - Spring Hill, LL+C	(b) NVC/G	P - Spring Hill, LLC	
=: ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	800 North Point Parkway - Suite #125	800 Nor	th Point Parkway - Suite #125	
	Alpharetta, GA 30005	Alphare	Alpharetta, GA 30005	
	4/27/2009	L090000	40497	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	CT Corporation			
J. (a	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	<u>-</u> e:	
	CT Corporation			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	-	
	1200 South Pine Island Road		7	
	Plantation	33324		
			AUG 31 PH	
(b)	Robby Block - Nurock Acquisitions Florida, LLC		- 3	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		She R	
	8794 Boynton Beach Boulevard		2017 AUG 31 PK 4: 25	
	NEW Registered Office Address:			
	Suite #219		_	
	Boynton Beach	_33472	_	
the chagent was/w	limited liability company is not organized under the lawange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered offic ability company, it i of the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
		Robert G. Ho	oskins, MGR/MEMBER	
_	ature of a member or authorized representative of a member		Printed or typed name of signee	
I here provis the ob to men notifie	eby accept the appointment as registered agent and agesions of all statutes relative to the proper and complete ligations of the position as registered agent as provide rely reflect a change in the registered office address. It are in writing of this change.	ree to act in this cap performance of my d for in Chapter 60, hereby confirm that	vacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signat	ure of Registered Agent			

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