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Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE CENTENNIAL HOLDINGS (SOUTHWEST), LLC

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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. Na	ame of the limited liability company: CENTENNIAL I	HOLDINGS (SC	OUTHWEST), LLC	
2. (a)	482 S Keller Road	(b) 482 S Keller Road		
- . (w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3rd Floor	3rd	Floor	
	Orlando, FL 32810	Orla	Orlando, FL 32810	
	11/30/2009	L090	00114279	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	GONZALEZ, FRANK D., ESQ.			
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State C/O The Children's Home Society of Florida			
	Registered Office Address (MUST BE FLORIDA STREET 482 S Keller Road, 3rd Floor	ADDRESS)		
	Orlando, FI	32810	FILED ASSEE	
(b)	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:	#10:1	
	801 US Highway 1			
	NEW Registered Office Address:			
	North Palm Beach , FI	33408		
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of the organization or the operating agreement of the	registered off ability compan of the limited l	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
X		Sean Arno	, Attorney-in-Fact	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agi fons 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.	performance o	of my duties, and I am familiar with and accept.	
X_{\downarrow}	Sean Arno, Special Secretary			