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Florida Department of State

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B. BOSTICK

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FEB 18 2013

EXAMINER

H130000367983

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.

1. Name of the limited liability company: C.R.D. Protection	on Devices, LLC		
2. (a) Principal office address of limited liability compan	y: 2355 S Worthington Ln,		
(Note: MUST BE STREET ADDRESS)	Bloomington, Indiana 47401		
(b) Mailing address of limited liability company:	2355 S Worthington Ln,		
(Note: MAY BE POST OFFICE BOX)	Bloomington, Indiana 47401		
7/7/2010	L10000071507		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:	
Registered Agent:	Eric J Mohr		
Registered Office Address:	19544 NW 32ND CT MIAMI GARDENS FL 33056	70	13 # EF
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		200	3 15
<u>NEW</u> Registered Agent:	Business Filings Incorporated		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 E. Park Avenue,	- C:	3+ 3
	Tallahassee ,	FL 323d1	-—ຸນ -—
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	florida street address of the registical. Or, in the case of a Florida) was/were authorized by an affirm of the provided in the articles of the control of the control of the articles.	tered office limited rmative vo	te
Eric Mohr 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 prant I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company with the company of the c		rther agree of my dutie wided for li stered offic this change	? to ?s, n e e
nighterme of westracted whence	•		

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

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