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Florida Department of State

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March 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESOURCE INFUSION GROUP, ILC 6849 PEACETREE DUNWOODY ROAD BUILDING A-2 ATLANTA, GA 30328US

SUBJECT: RESOURCE INFUSION GROUP, LLC

REF: L10000104190

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Darlene Connell Regulatory Specialist III

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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. N	lame of the limited liability comp	ny: RESOURCE	INFUS	ION G	ROUP, LLC			
2. (a)	6940 DEACHTDEE DUNIN			PEACHTREE DUNWOODY ROAD				
_ (12)	Principal office address of limi (Note: MUST RESTRI BUILDING A-2		\·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX) BUILDING A-2				
	ATLANTA, GA 30328	, GA 30328 A			ATLANTA, GA 30328			
	10/05/2010			L1000	0104190			
3.	Date of filing/registration	n in Florida	4.		Document number	1		
5. (a	Registered Agent and Registered Office TRIAD Professional Service Registered Office Address MUST 1200 South Pine Island Re	es, LLC <i>E FLORIDA STREET</i>			State;			
	Plantation	. FL	33324	1				
(b)	Enter name of <u>NEW Registered Accord</u> NRAI Services, Inc.	und/or NEW Registered	e enno	dress;		5 MAR 10 P	FILE ECRETARY (LLAHASSER	
NEW Registered Office Address: 1200 South Pine Island Ro						PH 12:	: ≒\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		ad				 မ	ORI ORI	
	Plantation	FL	33324			O1	DA DA	
the chagent was/v the ar	limited liability company is not or range or changes are made, the Flo will be identical. Or, in the case of vere authorized by an affirmative v ticles of organization or the operat	ida street address of a Florida limited li- dte of the members of	f the regi ability co of the lim limited	stered of ompany, nited liab liability	ffice and the business of it is hereby confirmed pility company or as off company.	office of the ch	e registered lange(s)	
/s/Rhonda Gilbert Signature of a member or authorized represental			Rh	onda G	_			
I her provide the old me notific	eby accept the appointment as registions of all statutes relative to the poligations of my position as registerely reflect a change in the register of this change.	•	ree to act perform å for in (hereby c	t in this c ance of t Chapter onfirm t	Printed or typed name capacity. I further agring duties, and I am fay 605, F.S. Or, if this dehat the limited liability		ly with the and accept being filed has been	
Signa	ture of Registered Agent KRahm, Ass	Secretary to NRA						
	Division of C	oporations P.O. I	Box 632"	/• Talla	hassee, FL 32314			