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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
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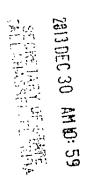
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 26, 2013

Order#: 923758/016

Re: PATRIOT RARUS ACQUISITION, 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

2013 DEC 30 AM 10: 59

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 compar	y: PATRIOT RARUS ACQUISITION, LLC		
	ed liability company: 10060 Skinner Lake E	Drive	
(Note: MUST BE STREET A.			
	Jacksonville, FL 3224	46	
(h) Mailing addragg of limited lightl	ity compony	5 (A) (B)	
(b) Mailing address of limited liabil (Note: MAY BE POST OFFICE)	CF ROV		
(NORE. MAT BETOST OFFIC	<u></u>	The state of the s	
		17 W W	
04/01/2011	· L11000039449	30	
3. Date of filing/registration in Florida		, J	
5. Date of Hing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registere	d Office shown on the records of the Flor		
5. (a) Registered Agent and Registere	d Office shown on the records of the Flor	inda Dept. organich	
Registered Agent:	Robert I Schellig		
Registered Office Address:	2255 Glades Road, S		
•	Boca Raton, FL 3342	<u>21</u>	
(b) Enter name of NEW Registered	I Agent and/or NEW Registered Office	<u>address</u> :	
MINIMAL IN I A	Competing Conting C	`amnanu	
<u>NEW</u> Registered Agent:	Corporation Service C	Corporation Service Company	
NEW Registered Office Addres	s; 1201 Hays Street		
(MUST BE FLORIDA STREE			
	Tallahassee	,FL 32301	
Eftha limited liability agreement is not a	recomised under the large of the State of El	arida it ia harahy	
confirmed that after the change or chan	rganized under the laws of the State of Fl ges are made, the Florida street address o	office of the registered office	
and the business office of the registered	agent will be identical. Or, in the case of	of a Florida limited	
liability company, it is hereby confirme	d that the change(s) was/were authorized	by an affirmative vote of	
the members of the limited liability con	npany or as otherwise provided in the arti	cles of organization or	
the operating agreement of the limited l	iability company.		
Signature of a member-or authorized representative of	of a member		
Dona Priebe, Authorized Person		•	
Printed or typed name of signee			
I hereby accept the appointment as reg comply with the provisions of all statute and I am familiar with and accept the o Chapter 608, F.S. Or, if this document address, I hereby confirm that the limit	ristered agent and agree to act in this cap es relative to the proper and complete per bligations of my position as registered as is being filed to merely reflect a change ed liability company has been notified in	oacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
By: Mm. t-Kubi.			
	Service Company Grace E. Kirby, Asst	i. VP	

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