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J. SAULSBERRY EXAMINER

MAY 16 2011

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT:	Investments BBB, LLC ne of Limited Liability Company		
	Name	le of Linnled Liability Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.		
Pleas	e return all correspondence concer	rning this matter to the following:		
	Debra G. Appel, Corporate Name of Person	<u>Paralegal</u>		
	Kegler, Brown, Hill & F	F.O.	20111	
	65 East State Street, Suit	AHASSEE, FLOR	2011 HAY 13 PM 2	-
	Columbus, OH 432 ⁴ City/State and Zip Code	P.15	PM 2: 35	an an
 1	dappel@keglerbrown.	I.COM report notification)		
For fi	urther information concerning this	s matter, please call:		
	Debra G. Appel	at (614) 255-5500		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
	Enclosed is a check for the foll	llowing amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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.	Nar	me of the limited liability company:	Investments BBB, LLC	,		
2.	(a)	Principal office address of limited liability company	y: 5880 Scarborough Blvd.			
		(Note: MUST BE STREET ADDRESS)	Columbus, OH 43232			_
	(b)	Mailing address of limited liability company:	I liability company: 5880 Scarborough B			
		(Note: MAY BE POST OFFICE BOX)	Columbus, OH 43232			
_		April 28, 2011	L1100005026	2		
3.	Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	Registered Agent and Registered Office shown on t		ត្រាវិន កិច្ចា	tates	
		Registered Agent:	NRAI Services, Inc.	놀 음		
		Registered Office Address:	2731 Executive Park Drive	∑Sui1		-
		8	Weston, FL 33331	<u>ਔ≆</u>	ယ	
				<u> </u>		
	<i>a</i> .			TS.	-	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address		: 35	
		NEW Registered Agent:	NRAI Services, Inc.	**	<u> </u>	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue			
			Tallahassee	_,FL <u>3</u>	2301	
an lia of or	nfiri d the bilit the the	limited liability company is not organized under the lend that after the change or changes are made, the Flebusiness office of the registered agent will be identify company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company	orida street address of the reg	istered	d office	
Sig	matur	e of a member or authorized representative of a member				
Pr		Allen L. Handlan, Authorized Representative or typed name of signee	_			
<		by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to men asy I hereby confirm that the limited liability company when the confirm that the limited liability company for of Registered Agent	gree to act in this capacity. I per and complete performant sition as registered agent as p rely reflect a change in the re has been notified in writing	furthe ce of n rovide gistere of this	r agree 1y duti 2d for i 2d offic chang	e to es, in ee e.
21	~~//					

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