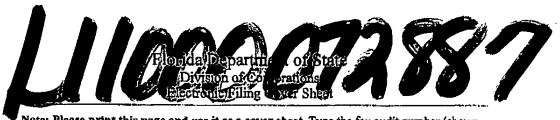
9/21/2015



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Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

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LLC REGISTERED AGENT CHANGE PLC PARTNERS, 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.

I. N	ame of the limited liability company: PLC Partners	s, LLC		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (м	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	343 Passage Lane		343 Pass	age Lane
	Franklin, TN 37064		Franklin,	TN 37064
	June 23, 2011		L11000072	2887
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a)				
J. (w)	Registered Agent and Registered Office shown on the records of Patrick Chisholm	the Florida	Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		LAR S		
	2460 Forest Club Drive	-		HAN E
	Orlando , FL	32804	• · · · · · · · · · · · · · · · · · · ·	PILED 2015 SEP 21 A II: 5. SECRE TARY OF STATE ALLAHASSEE, FLORID
(þ)	Enter name of NEW Registered Agent and/or NEW Registered			LORE III
	enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	·
	Dean Mead Services, LLC			
	NEW Registered Office Address:			
	800 N. Magnolia Avenue, Suite 1500			
	Orlando , FL	32803		
agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited literature authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the the regi- ability co of the lim limited	State of Flor stered office a ompany, it is l sited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in any.
Signa	ture of a shember or authorized representative of a member	Pal		Finted or typed name of signer
-	by accept the appointment as registered agent and agi ions of all statures relative to the proper and complete ligations of my dostdon as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to aci perform d for in C hereby co	in this capac ance of my di Chapter 605, Onfirm that th	city. I further agree to comply with the ottes, and I am familiar with and accept F.S. Or, if this document is being filed to limited liability company has been
By: Signatu DEAN	re of Registered Agent MBAD SERVICES, LLC			
	Division of Corporations P.O. I	3ox 6327		ee, FL 32314

FILING FEE: \$25.00