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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.

2. (a)		i	b)		
z. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		.97	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
	124 Summerville Drive, Mooresville, NC 28115		124	Summerville Drive, Mooresville, NC 2811	5
	09/23/2011		L1100	00109174	
3.	Date of filing/registration in Florida	4.		Document number	
£ (n)					
5. (a)	Registered Agent and Registered Office shown on the records	of the Flore	da Dept. o	of State	
	Beggs & Lane				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			~	:y.
	4405 Commons Drive East, Suite 102			0 (S) S (T)	, f 13 - f 1
		131			.:: :::::
		rL			
(b)				P	रंद्ध
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office	iddress	# # # # # # # # # # # # # # # # #	- 60 .51
	Corporation Service Company			$\frac{1}{2}$	
	NEW Registered Office Address		•		
	1201 Hays Street	<u>.</u>			
	Tallahassee	FL_3230			
chang agent was/w the art Sign: I here provise the obtomer	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the Scott Newtown attitude of a member or authorized representative of a member the appointment as registered agent and completely accept the appointment as registered agent and obligations of my position as registered agent as provingly reflect a change in the registered office addressed in writing of this change.	the registed I liability rs of the I the limited Sagree to a garee to a color by ded for the	ered officement of the company of the content of th	ice and the business office of the registere by, it is hereby confirmed that the change(stability company or as otherwise provided by company. When Printed or typed name of signee are capacity. I further agree to comply with off my duties, and I am familiar with and are 605 FS. Or of this document is being	tin the ccept filed

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

manda E H