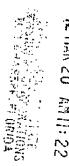
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☐ PICK-UP	☐ WAIT	MAIL	
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(Business Entity Name)			
(L	ocument Number)		
Certified Copies	Certificates of	Status	
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SECRETARY OF STATE
AND AH ASSEE, FLORIDATE

J. BRYAN

MAR 2 1 2012

EXAMINER



ION SERVICE COMPANY
ACCOUNT NO. : I2000000195
REFERENCE : 135502 4720460
AUTHORIZATION Smelle man
COST LIMIT : \$25.00
ORDER DATE: March 19, 2012
ORDER TIME : 9:32 AM
ORDER NO. : 135502
CUSTOMER NO: 4720460
CHANGE OF AGENT CHANGE OF AGENT NAME: 125502 LINES 1-53
NAME: 125502 LINES 1-53
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Stephanie Milnes EXT# 2920
EXAMINER:

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 company: 6414 13TH RO	OAD SOUTH OPERATIONS LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
11/18/2011	L11000131361
	4. Document number
5. (a) Registered Agent and Registered Office shown on a	the records of the Florida Dept. of State
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. Attemption	t address of the registered office and the business ase of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	
Maureen Cathell, Authorized Person (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
By: Doza Trinby (Signature of Registered Agent) Corporation Service Company	Grace E. Virby, Acet. VD
Compration Service Company	CHACE E. KHDV. ASSL V F

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