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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.

l. Na	nme of the limited liability company: GONZAL	-O HC	DLDING	GS LLC	<u> </u>		
2. (a)	6900 TAVISTOCK LAKES BLVD	(h)	(b) 6900 TAVISTOCK LAKES BLVD				
2. (ii)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		failing address (<u>Note: MAY</u>	of limited	d liabilit	y company:
	SUITE 400		SUITE 4	400			
	Orlando, FL 32827		Orlando.	FL 32827			
	03/21/2012	1	_120000	39182			
3.	Date of filing/registration in Florida			Document n	umber		
5. (a)	NISHAD KAHN PL						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State	:			
	617 E COLONIAL DR				~ *	وتن	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				SEED DETC 114	
) 1 0	** *
	ORLANDO, FI	32803			- ·	-	
(b)	Registered Agents Inc.				· · · · · · · · · · · · · · · · · · ·	Phi :	· •-
(C)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:		722 5 7 .	: 56	
	7901 4th St N					_	
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	L <u>33702</u>					
the cha agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist inbility co of the limited limited l	tered office mpany, it is ited liability	and the bus hereby cont y company o	iness of firmed (ffice of that the	the registered change(s)
Signa	nture of a member or authorized representative of a member			Printed or typ	ed name	of signe	<u></u>
provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address, I dim writing of this change. Bill Havre - Assistant	e perjorma ed for in C hereby ca	ince of my c hapter 605 infirm that i	aunes, ana i E.F.S. Or. if	am jan this do	unar w cument	am ana accept t is beine filed
Signati	ire of Registered Agent						

A 1