Division of Corporations Electronic Filing Cover Sheet

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| LORU FLORE | Division of Corporations Fax Number : (850)617-6383 | 21 |
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| AHASSEE THE THE THE THE THE THE THE THE THE T | Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 | PH 1: 45 |

LLC REGISTERED AGENT CHANGE GREEN MILE, LLC

| Certificate of Status | 0 |
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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

From: Ranae McGraw

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.

| 1. N | nme of the limited liability company: Green Mile, LLC | · | | | |
|--|--|--|--|---|---|
| 2. (a) | | | b) | | |
| (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | lailing address of limited liability company: (Note: MAYRE POST OFFICE BOX) | |
| | 5736 S. SEMORAN BLVD, Building D | | 5736 S. SE | MORAN BLVD, Building D | |
| | ORLANDO, FL 32822 | | ORLANDO | | |
| | 02/06/2014 | | L120001344 | 137 | |
| 3, | Date of filing/registration in Florida | 4. | | Document number | |
| | SPIEGEL & UTRERA, P.A. | | | | SEC VISI |
| 5. (a | Registered Agent and Registered Office shown on the records o | f the Flori | da Dept. of State | : | CRETARY LOW OF CT |
| | 1840 SW 22ND ST. | | 21 FRY | | |
| | Registered Office Address | | | | |
| | 4th FL | | | | OF STATEN PM 1: 49 |
| | Miami | L | | | : 1 :5 |
| (b | C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Offices | ddress: | | _C |
| | NEW Registered Office Address: | | | - | |
| | 1200 South Pine Island Road | | | _ | |
| | | | | | |
| | Plantation, F | L_33324 | | _ | |
| the clagent was/sthe as Sign I her proves to monotif | limited 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 were authorized by an affirmative vote of the members ricles of organization or the operating agreement of the mature of a member or authorized representative of a mature of a member or authorized representative of a mature of a member or authorized representative of a mature of a member or authorized representative of a mature of a member or authorized representative of a mature of missions of my position as registered agent as proving the proper and complete the proper of this change. CT Corporation System Tammy Tofter and the proper and the proper and complete the proper a | liability of the l ne limite J. gree to a le perford ded for i I hereby | company, it i imited liability disability cor Scott Pagan act in this capermance of my n Chapter 60 e confirm that | s hereby confirmed that y company or as other apany. Printed or typed name of the confirmed that the | t the change(s) wise provided in signee |