L120001 52 F55

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(, ·,							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
·							

Office Use Only



700278949177

11/23/15--01012--010 **25.00

NOV 2 4 2015 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJE	WALTON ACQUISITIONS F	L, LLC							
30131	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:									
Mack	enzie Hibler								
	Name of Person		_						
Regis	stered Agent Solutions, Inc.								
	Firm/Company		_						
1701	Directors Blvd, Suite 300								
	Address	,	स्त्रक्षेत्रम् । १११ १६०						
Austii	n, TX 78744								
	City/State and Zip Code								
RKre	tschmer@walton.com		•						
E	-mail address: (to be used for future annual	ual report notif	ication)						
For fur	ther information concerning this matter,	please call:	,						
Mack	enzie Hibler	888 _ at (705-7274						
	Name of Person		Area Code & Daytime Telephone Number						
. ~	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327							
	2661 Executive Center Circle		llahassee, Florida 32314						
	Tallahassee, Florida 32301								
	Enclosed is a check for the following amount:								
~	☑ \$25 Filing Fee	S	55. Filing Fee & Certified Copy						
INHS1	8 (2/14)								

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.

1. Na	me of the limited liability company: WALTON A	CO	UISI	TIONS	FL, LLC
2. (a)				b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. `	-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4800 North Scottsdale Road, Ste 4000			4800	North Scottsdale Road, Ste 4000
	Scottsdale, AZ 85251		-	Scott	sdale, AZ 85251
	11/05/2012			L1200	0152855
3.	Date of filing/registration in Florida		4.		Document number
5. (a)	C T CORPORATION SYSTEM				
J. (4)	Registered Agent and Registered Office shown on the records of	of the	Florid	la Dept. of	State:
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREE	T AL	DRES	<u>(S)</u>	
	PLANTATION	_{C1} 3	3324	ļ	
	, f	rL_		-	
(b)	REGISTERED AGENT SOLUTIONS, INC.				
	Enter name of NEW Registered Agent and/or NEW Register	ed O	ffice a	ddress:	
	155 Office Plaza Dr.				
	NEW Registered Office Address:				
	Suite A				
	Suite A				<u> </u>
	Tallahassee	3	32301	ı	
	,,1	FL <u> </u>		·	
the cha agent v was/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the	of tl liab s of	he reg ility o the lii	istered of company, mited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
		٩da	m Sa	ildana, a	attorney in fact of Robert Leinbach, Membe
_	ture of an ember or authorized representative of a member				Printed or typed name of signee
provisi the obl to merc notified	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, in writing of this change. Jaclyn Wright, Asst. Secret Registered Agent	te p ded I hë	erform for in ereby (ct in this nance of Chapter confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
signatu	re of Registered Agent		•		