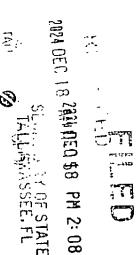
## 420014/311

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





600441215016



## 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.

I. Na	une of the limited liability company:THE CORRIDO	R GRO	UF	P HOLDINGS, LLC.		
2. (a)		(	'n)	ı)		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	.~,	Mailing address of limited liability (Note: MAY BE POST OFFIC		
	11300 Switzer Road			11300 Switzer Road		
	Overland Park, KS 66210	_		Overland Park, KS 66210		
	12/27/2012			L12000161311		
3.	Date of filing/registration in Florida	4.	-	Document number		
5. (a)						
., ( <b>u</b> )	Registered Agent and Registered Office shown on the records of SMITH, DARRELL C, ESQ.	the Florid	ja l	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	SS)	2		
	101 E. KENNEDY BLVD., SUITE 2800					
	TAMPA	33602	•			
	,,,					
(b)						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office n	dd	<u>lm:</u> 8 22 28		
	Corporation Service Company			SECTALL ATTASSEE. FL	الما الما الما الما الما الما الما الما	
	NEW Registered Office Address:				1	
	1201 Hays Street			7.55 7.55		
				SEE'S		
	Tallahassee . FI	32301		FIA	? ⊃	
change agent v was/w	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lir	rec on ni	State of Florida, it is hereby confirmed a office and the business office of the rimpany, it is hereby confirmed that the cited liability company or as otherwise p	that after the egistered thange(s)	
	S/ Robert C. Weber			Robert C. Weber, Authorized Person		
	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mer notified	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to ac perform d for in hereby c	at i tat Cl cor	in this capacity. I further agree to com ince of my duties, and I am familiar wit 'hapter 605, F.S. Or, if this document i. infirm that the limited liability company	ply with the h and accept s being filed has been	
مكث	ace tokyble					
Signatu	re of Registered Agent \ Kirby, Asst. Vice President					