Division of Corporations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE **RUN I-DRIVE, LLC**

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D SCOTT

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	ime of the limited liability company: RUN 1-	DRIV	Æ L	LC				
	C/O NYBERG & ASSOCIATES, 2850 S. JONES /	(b) N	NYBERG & ASSOCIATES, PO BOX 30310					
ت. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				
	#2		PO BOX 30310					
	LAS VEGAS, NV 89146		LAS VEGAS, NV 89173					
	02/06/2013		L13000019401					
3.	Date of filing/registration in Florida	4.			Document m	umber 27		
5. (a)	NRAI SERVICES, INC (ATTN: JESSICA	COX)				JUN	FILE	
J. (A)	Registered Agent and Registered Office shown on the record	pt of State	:	14.5 N	1			
	1200 South Pine Island Road			SCI	177			
	Registered Office Address (MUST BE FLORIDA STRE		Light D	O				
	Plantation	324						
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Regist 7901 4th St N	tered Offic	e addre	<u></u>				
	NEW Registered Office Address.							
	STE 300							
	St. Petersburg	, _{FL} 33	702					
the cha agent was/w the art	limited liability company is not organized under thange or changes are made, the Florida street addressed be identical. Or, in the case of a Florida limiteere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the ed liabili- ers of the f the limi	registe ty com : limite	red office pany, it is d liability oility com	and the busi hereby cont y company or	mess office of the firmed that the c	ne registered hange(s)	
Signa	aure of a member or authorized representative of a member	-	rtiley		Printed or type	ed name of signee		
I here provis the obi to mer natific	thy accept the appointment as registered agent ancions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of this change.	nete perj wided for	in Che by conj	upter 605 firm that	FS Or if	this document i	s being filed	

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

Signature of Registered Agent