(Requ	estor's Name)			
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Special Instructions to Filing Officer				
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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.

1. N	ame of the limited liability company:  ABRAMS CEN	ITER FOR	WOMEN,	LLC
2. (a)	1501 YAMATO ROAD SUITE 200W	(h	(b) 4010 W. Boy Scout Blvd, Suite 500	
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	Boca Raton, FL 33431		Tampa, F	L 33607
	06/19/2013		L1300008	8548
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records o			_
		f the Florida	Dept. of Stati	e: -
	UPM Service Corp			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2023
	1501 YAMATO ROAD SUITE 200 W			
	BOCA RATON F	33431		6.12 6.12
	1.	·		
(b)				
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	9.
	Corporation Service Company			, in the second of the second
	NEW Registered Office Address:			•
	1201 Hays Street			
	Tallahassee, F.	32301		
If the I	imited liability company is not organized under the la	ws of the S	tate of Flo	rida it is hereby confirmed that after the
change agent v was/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registered ability con of the limit	l office and pany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Ji	II Cilmi	Jill C	lmi, Autho	rized Person
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	performar ed for in Cl hereby con	n this capa ace of my d apter 605, firm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
XI.	Grace E. Kirby, Asst. Vice	e President		
- Manage	te or tregistrica (1861)			