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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Eyliena Baker -- EXT#

Phone: 850-558-1500

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EXAMINER:

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	ame of the limited liability company: COMCAS	ST O	F GE	EORGIA	VILLINOIS/MICHIGAN, LLC		
2. (a)	1701 John F. Kennedy Boulevard		(h)				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Philadelphia, PA 19103-2838						
	12/26/2013		L	.13000177	020		
3.	Date of filing/registration in Florida	4	٦. –		Document number		
5. (a)	C T Corporation System				•		
J. (a)	Registered Agent and Registered Office shown on the records	s of the F	lorida I	Dept. of State	:		
	1200 S. Pine Island Road				•		
	Registered Office Address (MUST BE FLORIDA STREET						
	Plantation	33	324				
	Plantation	FL		 			
(b)	Enter name of NEW Registered Agent and/or NEW Register			······································			
							
	Corporation Service Company						
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee	FL_323	01				
change agent w was/we	mited liability company is not organized under the lor changes are made, the Florida street address of the identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	laws of the regis liability s of the	the State of the S	office and pany, it is l ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	/s/ Jill Cilmi	_	Jill Cil	<u> </u>	zed Person		
_	are of a member or authorized representative of a member		_		Printed or typed name of signee		
I hereb provisió he obli to mere notified	y accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, in writing	igree to te perfo ded for I hereb Corpor	act in ormand in Cha y conf ation	this capac ce of my duapter 605, in firm that the Service	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been Company		
Signature	c of Registered Agent	Ami M.	Cas	per, Asst	. Vice President		