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Ema	il	Address:

LLC REGISTERED AGENT CHANGE PEABODY OPERATOR LLC

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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. [1	Name of the limited liability company: PEABODY OPE	RATOR LLC		
2. (a	100 NORTH TAMPA STREET	(b) 100 NORTH TAMPA STREET		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 3550	SUITE 3	550	
	TAMPA, FL 33602	TAMPA,	FL 33602	
	02/25/2015	L1500003	5551	
3.	Date of filing/registration in Florida	4.	Document number	
5. (8	CORPORATION SERVICE COMPANY			
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Florida Dept. of Ste	ate:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	TALLAHASSEE , FL	32301-2525		
(b	NRAI Services, Inc.			
•	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	1200 South Pine Island Road		6: 42	
,	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	- S	
	Plantation	33324	_	
10.1			_	
the ch agent avas/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of titles of organization or the operating agreement of the	the registered office ability company, it is the limited liabilitimited liability co	ce and the business office of the registered is hereby confirmed that the change(s) its company or as otherwise provided in	
Signature of a member or authorized representative of a member			Printed or typed name of signee	
\mathscr{L}	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete oligations of my position as registered agent as provide refly reflect a change in the registered office address, I is a change of the change	ree to act in this cap performance of my of for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the odules, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited Hability company has been	

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