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(Requestor's Name)							
(Address)							
(Address)							
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	PRIME AE/LEO A DALY LL	С				
CCBO	Name of Limited Liability Company					
Dear S	ir or Madam:		S in			
The er	iclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	いた。			
Please	return all correspondence concerning thi	is matter to the following:	1000 T			
Kuma	ar Buvanendaran		FLORIUM			
	Name of Person		おごず			
PRIM	1E AE Group, Inc.					
	Firm/Company					
8415	Pulsar Place, Suite 300					
	Address					
Colu	mbus, OH 43240					
	City/State and Zip Code					
kuma	arb@primeeng.com					
ŀ	E-mail address: (to be used for future ann	ual report notification)				
For fu	rther information concerning this matter,	please call:				
Jenna	a Silverstein	240 4616918				
-	Name of Person	Area Code & Daytime Telephone No	umber			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following	amount:				
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHSI	8 (2/14)					

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	ame of the limited liability company: PRIME AE/LE	O A DALY L	LC			
7	(a)	PRIME AE/LEO DALY LLC	(b) PRIM	(b) PRIME AE/LEO A DALY LLC			
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		1700 West Main Street, Suite 200	1700	West Main Street,	Suite 2	200	
		Pensacola, FL 32502	Pens	sacola, FL 32502			
		09/02/2015	L1500	00150732			
3.		Date of filing/registration in Florida	4.	Document numbe	r –	_	
5.	(a)						
		Registered Agent and Registered Office shown on the records of t	the Florida D ep t. of	State:			
		Larry Law					
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
		2510 West Cervantes Street			Tio	第	
		Pensacola ,FL	32505			AON 8162	
		,	•			9	77
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Off I I			27	
		Enter name of NEW Registered Agent and/or NEW Registered	Office address:		J. C.	2	
		Giles Yokel				AM 11: 27	
		NEW Registered Office Address:			HAR.	27	
		1700 West Main Street, Suite 200			-		
		Pensacola	32502				
		, FL					
th ag wa	e cha ent v as/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered or ability company of the limited lia	office and the business, it is hereby confirmed bility company or as of	office of I that the	the reg	istered c(s)
_	W		Kumar Bı	uvanendaran, PE			
	-	ture of a member or authorized representative of a member		Printed or typed nam	Ū		
pr th to	ovisi e obi mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a complete to the change.	ee to act in this performance of d for in Chapter tereby confirm t	capacity. I further age my duties, and I am fa 605, F.S. Or, if this d that the limited liability	ree to co miliar w ocument y compai	mply w ith and is bein iy has l	ith the accept g filed peen
S	ignatu	re of Registered Agent					

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