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MAY 19 2016 N. CAUSSEAUX



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 16, 2016

Order#: 130666/065

Re: IAP-HILL, L.L.C.

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX

File in your office on a routine basis. Issue Proof of Filing. Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby

c/o Corroration Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems of questions with this filing, please call our office.

INCA.XCOA

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: IAP-HILL , L.L.C.			
2 (a)	7315 NORTH ATLANTIC AVENUE	(b)	7315 N	ORTH ATLANTIC AVENUE
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CAPE CANAVERAL, FL 32920		CAPE C	ANAVERAL, FL 32920
	07/26/1999		L9900000	04521
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T CORPORATION SYSTEM			
J. (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		PS 5	
				E T
	PLANTATION , FL	33324		HAY 18 PM 2: 14
(b)	Corporation Service Company			75 2
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	2: 14 TLORIC
				DE:
	1201 Hays Street			_
	NEW Registered Office Address:			-
				-
	Tallahassee , FL	32301		_
the cha agent was/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the limi limited li	tered office mpany, it is ted liability ability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ature of a member or authorized representative of a member	JIII C	iirii, Autrio	Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not not not not not not not not not no	performa d for in C hereby co	ince of my hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been rby, Assistant Vice President

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