199000009256

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

Office Use Only



900264879689

14 DEC 16: PH 4: 20
HARSHOW OF CORPORATIONS

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 14 DEC 16 AM 10: 55

CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935	ACCOUNT NO. : 12000000195										
COST LIMIT : \$25.00 ORDER DATE : November 6, 2014 ORDER TIME : 2:21 PM ORDER NO. : 368696-315 CUSTOMER NO: 7493382 CHANGE OF AGENT NAME: THE STUDER GROUP, L.L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935	REFERENCE : 368696 7493382										
ORDER DATE: November 6, 2014 ORDER TIME: 2:21 PM ORDER NO.: 368696-315 CUSTOMER NO: 7493382 CHANGE OF AGENT NAME: THE STUDER GROUP, L.L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935											
ORDER TIME : 2:21 PM ORDER NO. : 368696-315 CUSTOMER NO: 7493382 CHANGE OF AGENT NAME: THE STUDER GROUP, L.L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935	COST LIMIT : \$ 25.00										
ORDER NO. : 368696-315 CUSTOMER NO: 7493382 CHANGE OF AGENT NAME: THE STUDER GROUP, L.L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935	ORDER DATE: November 6, 2014										
CHANGE OF AGENT NAME: THE STUDER GROUP, L.L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935	ORDER TIME : 2:21 PM										
CHANGE OF AGENT NAME: THE STUDER GROUP, L.L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935	ORDER NO. : 368696-315										
CHANGE OF AGENT NAME: THE STUDER GROUP, L.L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935	CUSTOMER NO: 7493382										
CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935	CHANGE OF AGENT										
PLAIN STAMPED COPY CONTACT PERSON: Courtney Williams EXT# 62935	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
	CERTIFIED COPY XX PLAIN STAMPED COPY										
EXAMINER:	CONTACT PERSON: Courtney Williams EXT# 62935										
	EXAMINER:										

Communication of the Communica

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	me of the limited liability company	THE STUDER O	GROUP,	L.L.C.	*			
2. (a) .		· · · · · · · · · · · · · · · · · · ·	(b)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		350 WEST CEDAR STREET, SUITE 300			350 WEST CE	WEST CEDAR STREET, SUITE 300			
		PENSACOLA, FL 32502			PENSACOLA, FL 32502				
		12/28/1999			L99000009256	6			
3.		Date of filing/registration i	in Florida	4.	Doc	ument number			
5. ((a)	BARRY G PORTER							
	` ,	Registered Agent and Registered Office she	own on the records of t	the Florida	Dept. of State;				
		913 GULF BREEZE PKWY SUIT	Ξ 6						
		Registered Office Address MUST BE	FLORIDA STREET A	(DDRESS)	!				
			- 						
		GULF BREEZE	, FL	32561				₹	
							0 7	CEC CEC	
(i	b) .				· · · · · · · · · · · · · · · · · · ·		DEC LAS		
		Enter name of NEW Registered Agent and	Vor NEW Registered	Office add	lress:		<u></u>	SAR-FI	
		1201 Hays Street					AH AH	1335 1337 1337	
		NEW Registered Office Address:					<u>.</u>	S. L.	
						•	ĊŢ.	SET SET	
					 	•	ဟ	DE 3	
		Tallahassee	, FL_	32301					
the dagen	char it w we	mited liability company is not organinge or changes are made, the Florid ill be identical. Or, in the case of a re authorized by an affirmative vote cles of organization or the operating	a street address of Florida limited lia of the members or	the regis bility co f the limi	tered office and mpany, it is here ited liability con	the business office eby confirmed that noany or as otherwi	of th	ne registered hange(s)	
				GEO	RGE ELLIS, CFO O	f its Member, Studer Acc	quisitle	n Company	
Sig	znati	ure of a member or authorized representativ	e of a member		Print	ted or typed name of sig	nee		
prov the c to m	nșic obli ere	y accept the appointment as registe ons of all statutes relative to the pro gations of my position as registered ly reflect a change in the registered in writing of this change.	per and complete .	pertornic	ince of my dutie: hapter 605, F.S. infirm that the li	s, and I am familiai i. Or, if this docum imited liability com	with ent is pany	i and accept	
Sign	atur	e of Registered Agent Corporation Ser	vice Company	BY:	Co	ourtney William	is S		
		, ,	oorations• P.O. B		A 9S Tallahassa	st. Vice Preside	#(IL		
		Division of Corp	FILING FI			r ii oboly			