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

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04/29/15--01015--005 **25.00

SECRETARY OF SIAME DIVISION OF CORPORATIONS

RA/RO/Ch8



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith

JANIS.SMITH@CSCGLOBAL.COM

Date: April 27, 2015

Order#: 595260-002

Re: CDI CENTRAL FLORIDA, LLC

Enclosed please find:

XX 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.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

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

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.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	me of the limited liability company: _	CDI CENTRAL F	LORIDA	LLC				
2.	(a)	5775 WAYZATA BOULEVARD, SUITE 400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b)	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		ST LOUIS PARK M	I 55416						
		05/09/2000			M0000000	00894			
3.		Date of filing/registration in F	Florida	4.		Document number			
5.	(a)	NRAI SERVICES, INC.							
٦.	(<i>a</i>)	Registered Agent and Registered Office shown	on the records of th	e Florida I	Dept, of State	- ::			
		1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET AL						F-1	
							2815 APR	SEORE L	
		PLANTATION	, FL_	33324			29	SARA PARA E	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered C	Office addr	ess:		PM 1: 01	F STAPL Pananies	
		1201 Hays Street NEW Registered Office Address:				-			
		Tallahassee	, FL_	32301					
th ag wa	e cha ent v as/wo	imited liability company is not organize inge or changes are made, the Florida si vill be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating ag	treet address of t orida limited liat the members of	he registe oility con the limit	ered office npany, it is ed liability	e and the business office s hereby confirmed that y company or as otherw	e of the re the chan	egistered ige(s)	
				Dona	Priebe, A	uthorized Person			
		r authorized representative of		<u> </u>		Printed or typed name of si	-		
pr th	ovisi e obl mere	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered as ly reflect a change in the registered of in writing of this change	d agent and agre r and complete p gent as provided fice address, I hi	e to act i performan for in Ch preby cor	n this capa ace of my a apter 605 afirm that a	acity. I further agree to duties, and I am familia , F.S. Or, if this docum the limited liability com	comply vith an with a with an	with the nd accept ing filed s been	
S	gnatu	re & Registered Agent Corporation Servi	ce Company	BY: Syl	via Quep	pet, Asst. Vice Presid	ent		

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