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SEP 1 2 2011

EXAMINER



300211466073



ACCOUNT NO. : 12000000195

REFERENCE

7849084

AUTHORIZATION C

COST LIMIT

ORDER DATE: September 9, 2011

ORDER TIME : 9:14 AM

ORDER NO. : 906272-003

CUSTOMER NO: 7849084

CHANGE OF AGENT

NAME: GERDING COLLABORATIVE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:GERDING CO	LLABORATIVE, LLO	0,
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	r: 1350 Spring Street, N Atlanta, GA 30309 U	NW 250
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1350 Spring Street, N Atlanta, GA 30309 U	
	•	
09/20/2001	M01000002177	. <u></u>
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Floric	da Dept. of State:
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	515 E. Park Avenue	
Registered Office Address.	Tallahassee, FL 3230	1 US
NEW Registered Agent: NEW Registered Office Address:	Corporation Service C 1201 Hays Street	ompany
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301
f the limited liability company is not organized under the la	C.1. C C.1.	
hat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the catereby confirmed that the change(s) was/were authorized be iability company or as otherwise provided in the articles of imited liability company. The cater of a member or authorized representative of a member)	t address of the register use of a Florida limited	ed office and the busines
Maureen Cathell, Authorized Person Printed or typed name of signee)	-	
I hereby accept the appointment as registered agent and as omply with the provisions of all statutes relative to the proming familiar with and accept the obligations of my position of S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capac per and complete perfo as registered agent as t hange in the registered in writing of this chang	city. I further agree to ormance of my duties, an provided for in Chapter (office address, I hereby ge.
dy:		
	Sylvia Queppet, Asst. V	
Division of Corporations, P.O. Box		32314
FILING FEE:	323.00	