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B. KOHR

JUL 2 1 2010

EXAMINER



CORPORATION SERVICE COMPANY: ACCOUNT NO. : I2000000195

REFERENCE : 450115 7780752

AUTHORIZATION :

COST LIMIT :

ORDER DATE: July 21, 2010

ORDER TIME : 10:23 AM

ORDER NO. : 450115-002

CUSTOMER NO: 7780752

CHANGE OF AGENT

NAME: AWL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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.

1. N	ame of the limited liability company: AWL, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Suite 300
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Suite 300 Indianapolis, IN 46226
05/	14/2003	M03000001558
3. Da	ate of filing/registration in Florida	. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Agent:	Miami Center Registered Agents, LLC
	Registered Office Address:	201 South Biscayne Blvd., 17th Floor Miami, FL 33131 US
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Corporation Service Company
	NEW Registered Agent: NEW Registered Office Address:	Corporation Service Company 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)		Tallahassee ,FL 32301
that a office hereb liabili limite	limited liability company is not organized under the lafter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by try company or as otherwise provided in the articles of call ability company. The of a member or authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company it is
	ca Lozada, Authorized Person d or typed name of signee)	
	eby accept the appointment as registered agent and ag ly with the provisions of all statules relative to the pro- miliar with and accept the obligations of my position a Or, if this document is being filed to merely reflect a cl m that the limited liability company has been notified corporation Service Company	ree to act in this capacity. I further agree to ber and complete performance of my duties, and I is registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change.

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