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Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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LLC REGISTERED AGENT CHANGE PEACHTREE LBP FINANCE COMPANY, LLC

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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. N	ame of the limited liability company: PEACHTREE	E LBP FINA	NCE C	COMPANY, LLC
2. (a)		,	(b)	
2. ()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	 _	.~/	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	1200 MORRIS DRIVE		120	MORRIS DRIVE
	CHESTERBROOK, PA 19087	····	СН	IESTERBROOK, PA 19087
	04/09/2004		M040	000001462
3.	Date of filing/registration in Florida	4.	•	Document number
5. (a))			
(,	Registered Agent and Registered Office shown on the record NRAI SERVICES, INC	ls of the Flori	da Dept	of State.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	. FL ³³³²⁴		
		,		
(b)				
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office a	ddress	202)
	LEGALING CORPORATE SERVICES INC.			- 10 PT 10
	NEW Registered Office Address.			32.5
	5237 SUMMERLIN COMMONS BLVD, SUITE 400	0		
	FORT MYERS	. FL		D STATE E, FL
Sign I here provise the obtained to men notifie	limited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited where authorized by an affirmative vote of the member ticles of organization or the operating agreement of Dwight Perry attitute of a member or authorized representative of a member who accept the appointment as registered agent and allows of all statutes relative to the proper and compilifications of my position as registered agent as provered reflect a change in the registered office address and in writing of this change.	the registed liability of the limited the limited agree to a lete performate, I hereby	red off compar mited I liabili ct in the mance i Chapt confirm	Tice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Dwight Perry Printed or typed name of signce his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
	Division of Corporations• P. FILING	O. Boa 63: G FEE: \$2		allahassee, FL 32314

INHS18 (2/14)