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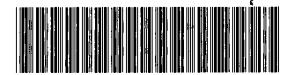
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JUL - 1 2011

EXAMINER



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ACCOUNT NO. : I2000000195

REFERENCE: 832476

7780752

AUTHORIZATION

COST LIMIT

ORDER DATE: June 30, 2011

ORDER TIME : 3:03 PM

ORDER NO. : 832476-030

CUSTOMER NO: 7780752

CHANGE OF AGENT

NAME: ALB OF FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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. Nai	ne of the limited liability company: ALB OF FL	ORIDA, LLC
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_6831_E_32nd_Street_Suite 300 _Indianapolis, IN 46226
***************************************	2/2004	M04000005203
5. Dat	e of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	CT Corporation System
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	
	NEW Registered Agent:	Corporation Service Company
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	TallahasseeFL_32301
that aft office (hereby liabilit limited	imited liability company is not organized under the earthe change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited.
(Printed	Jan Laughlin or typed name of signee)	
comply am fair F.S. C config Bv:	by accept the appointment as registered agent and a vivil the provisions of all statules relative to the provision with and accept the obligations of my position in that the finited by the company has been notified by the company has been notified by the company has been notified by the factor of the company has been notified by the factor of the company has been notified for the company has been notified for the factor of the company has been notified for the company has been notified for the factor of the company has been not for	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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

as its agent