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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone : (800)432-3622 Fax Number

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

Pursu submit Florid	ant to the provisions of sections 605.0114 on is the following statement in order to char ta.	r 605.0116, Flori nge its registere ALACC OPE	d office or re	egistered agent, or b	ed liability com oth, in the Sta	pany ite of
1. Na	me of the Limited Liability Company:	AL AGG OF L				
2. (a)	12700 HILL COUNTRY BLVD, STE	E T-200		HILL COUNTRY E		
	Principal office eddress of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited listility company: (Note: 'MAY BE POST OFFICE BOX)			
	AUSTIN, TX 78738		AUSTIN	I, TX 78738		
	2/22/2006		M0600	0001062		
3.	Date of filing/registration in Florid	da 4.	<u>-</u>	Document number		
5. {a	CT CORPORATION SYSTEM					
J. (u,	Registered Agent and Registered Office shown on the	he records of the Flor	ida Dopt. of Stat	<b>-</b> <b>5</b> :		
	1200 SOUHT PINE ISLAND ROA	D			₹. ~	
	Registered Office Address OMUST BE FLORID		<u> </u>	_	2019 FALL	
					AHA AHA	•
		005		-	HAR 19	
	PLANTATION	FL 333	124	-	क प्रश्	٢
	Castral Comprete Sondays, Inc.					Γ
<b>(b)</b>	Capitol Corporate Services, Inc.  Enter name of NEW Resistered Association NEW	W Registered Office	address:	_	<del> (</del>	ζ
					25. S	7-
	515 East Park Avenue 2nd Fl				<u> </u>	
	NEW Registered Office Address:			<del>-</del>		
				_		
	Tallahassee	FL 323	301	_		
the ch agent was/v	limited liability company is not organized usange or changes are made, the Florida street will be identical. Or, in the case of a Florida vere authorized by an affirmative vote of the ticles of organization or the operating agrees	t address of the re a limited liability members of the	egistered office company, it i limited liability d liability con	o and the business off is hereby confirmed the ty company or as othe mpany.	tice of the regit hat the change( grwise provided	siered s)
	Attroll_		Stev	e Beinke, Vice Pi Printed or typed name o		
l heri provis the ob to me	aure of a member or authorized representative of a mi eby occept the appointment as registered ag sions of all stabiles relative to the proper an oligations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.		act in this cap rmance of my n Chapter 60: v confirm that		_	h the secept filed sen
	Delana Case		-	nt Secretary on		
Signal	ture of Registered Agent	behalf of Ca	apitol Corpo	orate Services, In	ic.	
	District of Comparation	nua DA Boré	127a Tellaha	suce RT 32314		

INHS18 (2/14)

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