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EXAMINER



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SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS OF 24



ORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 832476

7780752

AUTHORIZATION

COST LIMIT

ORDER DATE: June 30, 2011

ORDER TIME : 3:02 PM

ORDER NO. : 832476-020

CUSTOMER NO: 7780752

CHANGE OF AGENT

NAME: AO OF FLORIDA II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTTLEPOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608,416 or 608,508, Florida Statutes, the undersigned limited by billing company submits the following statement in order to change its registered office or registered agent, or so the in the State of Florida.

1. Name of the limited fiability company: AO OF FLO	RIDA II, LLC
2. (a) 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
04/27/2006 3. Date of filing/registration in Florida	M06000002411 4. Document number
5. (a) Registered Agent and Registered Office shown on	
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 NEW Registered Agent</u> :	W Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street TallahasseeFL_32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	at 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 forganization or the operating agreement of the
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a configm that the limited liability company has been notified Corporation Service Company	gree to act in this capacity. I further agree to oper and complete performance of my digies, 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