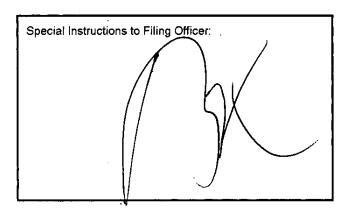
M06001003714

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					



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TO ACKNOWLEDGE SUFFICIENCY OF FILING ARECEIVED
DEPARTMENT OF STATE
OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE: 888526

AUTHORIZATION

COST LIMIT

ORDER DATE: May 8, 2007

ORDER TIME: 8:59 AM

ORDER NO. : 888526-020

CUSTOMER NO: 7125725

CHANGE OF AGENT

NAME: ABNK HOLDCO, 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.

3 ,	,				
1. The name of the limited	d liability company is	S: ABNK HOL	DCO, LLC	•	
2. The mailing address of	the limited liability o	company is:	1800 Moler Road		
Columbus, OH 43207					
	12 12 1		1,50,500,000,000,000,000,000,000,000,000		
July 5, 2006			M06000003714		
3. Date of filing/registration in Florida			4. Document nur	nber	
5. The name of the registe Florida Department of S		istered office	address as shown	on the records of the	
	NR	AI Services, Inc	: .		
Name ASE 01					
2731 Executive Park Drive, Suite 4					
Address					
Weston, FL 33331				SSA	
	City	, State and Z	ip	THO R	
6. The name and address of	of the new registered	agent and/or	office:	HAY 10 PH 3: 40 CRETARY OF STAT	
	Corporati	ion Service Con	npany	REC	
·*		Name			
	120	11 Hays Street			
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City,	State and Zip)		
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority).	the registered agent were the registered agent were the registered agent were that the red liability companit of the limited liability.	made, the Flowill be idention to the change(s) or as otherwity company.	rida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited ed by an affirmative vote	
Renton E Krau (Printed or typed name of signee) I hereby accept the appoint comply with the provision.		agent and ag ve to the proj	ree to act in this co eer and complete p	apacity. I further agree to erformance of my duties,	
Michille	R-Vanne	Dx		apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Agent)	Michelle R. Vannoy, Asst	. Y ice President			

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