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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Special Instructions to Filing Officer: | | | | |
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ALL AMASSEE FLORIO

B. BOSTICK
MAY 1 4 2012
EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 197257

7869874

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: May 9, 2012

ORDER TIME : 10:21 AM

ORDER NO. : 197257-092

CUSTOMER NO: 7869874

CHANGE OF AGENT

NAME:

MELBOURNE FACILITY OPERATIONS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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.

| l. N | Name of the limited liability company: MELBOURNE FACILITY OPERATIONS, LLC | | | | | |
|---|--|---|--|----------------------------------|--|--|
| 2. (a | Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>) | : 800 Concourse Parkway South Suite 200 | | | | |
| | | -Maitland, FL 32751 | | - | | |
| (b) | | 800 Concourse Parkway South | | | | |
| (0 | | Suite 200 | | | | |
| | | Maitland, FL 32751 | | - | | |
| 07/1 | 1/2006 | M06000003832 | | | | |
| 3. D | ate of filing/registration in Florida | 4. Document number | | • | | |
| 5. (a | a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of | f State: | | | |
| | Registered Agent: | Mason, Sharon | | _ | | |
| | Registered Office Address: | 800 Concourse Parkway South | A. 12 | • | | |
| | | Suite 200 | | - Aysware | | |
| | | Maitland, FL 32751 US | <u> </u> | 9 4 19-24-190 19-24-19-190 | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | |
| | NEW Registered Agent: | Corporation Service Company | <u> </u> | * | | |
| | NEW Registered Office Address: | 1201 Hays Street | | <u>-</u> | | |
| MUST BE FLORIDA STREET ADDRESS | | Tallahassee ,FL 32301 | | | | |
| f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited hiability company or as otherwise provided in the articles of organization or the operating agreement of the himited liability company. Signature of a member or authorized representative of a member) | | | | | | |
| Maur | een Cathell, Authorized Person d or typed name of signee) | - | | | | |
| l her comp im fa S.S. confii | eby accept the appointment as registered agent and as ly with the provisions of all statules relative to the pro miliar with and accept the obligations of my position to Or, if this document is being filed to merely reflect a c m that the limited liability company has been notified | gree to act in this capacity. I furt per and complete performance of as registered agent as provided fo hange in the registered office add in writing of this change. | her agree to f my duties, d or in Chapte dress, I herel | and I r 608, by | | |
| By: | Sagar | | | | | |
| Signa | ture of Registered Agent) Corporation Service Company Division of Corporations, P.O. Box | Sylvia Queppet, Asst. Vice Preside | ent | | | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | | | | | | |

FILING FEE: \$25.00