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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

AUSTRALIAN GOLD, LLC

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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. Name of the limited liability company: Australian Gold, LLC 2. (a) Principal office address of limited liability company: 6270 CORPORATE DRIVE (Note: MUST BE STREET ADDRESS) INDIANAPOLIS IN 46278 (b) Mailing address of limited liability company: <u>6270 CORPORATE DRIVE</u> (Note: MAY BE POST OFFICE BOX) INDIANAPOLIS IN 46278 MQ7000001311 Date of filling/registration in Florida Document number (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: NRAI SERVICES, INC. Registered Office Address: 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON/FL/33331 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: C T Corporation System **NEW** Registered Office Address: 1200 South Pine Island Road (MUST BE FLORIDA STREET ADDRESS) Plantation m.FL 33324 If 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 liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) Tim Light, Manager (Printed or typed name of signes) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my auties, and I can familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: M. A. C. Corporation System

Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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