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By 1/6/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 485907 7914342

AUTHORIZATION :

COST LIMIT

ORDER DATE : January 4, 2013

ORDER TIME : 4:27 PM

ORDER NO. : 485907-023

CUSTOMER NO: 7914342

CHANGE OF AGENT

NAME: PEADEN, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

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.

1.	Nar	ne of the limited liability company: PEADEN, LLC			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	620 West Baldwin Road Panama City, FL 32405		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
_		11/28/2007	M07000006945		
3.	Dat	e of filing/registration in Florida	. Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Agent:	C T Corporation System		
		Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	3	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>		-	
		NEW Registered Agent:	Corporation Service Company	r ; ; 5 (T	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	9	
			Tallahassee ,FL 32301		
tha off her lial lim	t aft ice (eby oilit ited	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered office and the busing se of a Florida limited liability company, it is an affirmative vote of the members of the lin	ss nited	
/Th		en Cathell, Authorized Person or typed name of signee)			
cor am F.S cor Bv	npiy fan 8. O ifirn :	by accept the appointment as registered agent and age with the provisions of all statutes relative to the provisions with and accept the obligations of my position of this document is being filed to merely reflect a classification that the limited liability company has been notified	ver and complete performance of my duties, as is registered agent as provided for in Chapter hange in the registered office address, I hereb in writing of this change.	nd I 608, y	
tot	suatu		ylvia Queppet, Asst. VP		
		Division of Corporations, P.O. Box 6	0347, Tahanassee, FL 32314		

FILING FEE: \$25.00