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EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 777948 4323387

AUTHORIZATION

COST LIMIT

ORDER DATE: October 31, 2008

ORDER TIME : 10:02 AM

ORDER NO. : 777948-014

CUSTOMER NO: 4323387

CHANGE OF AGENT

NAME: KOALA ACQUISITIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

X PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

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. Name of the limited liability company: KOALA AC	CQUISITIONS, LLC
 (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) 	Birmingham, AL 35242
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	FILE DE LE
March 27, 2008	M08000001482
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Registered Agents Legal Services, LLC
Registered Office Address:	155 Office Plaza Drive, Suite A Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee ,FL 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.	et address of the registered office and the business ase of a Florida limited liability company, it is
/s/ Maureen Cullen (Signature of a member or authorized representative of a member)	_
Maureen Cullen, Authorized Person (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 property of the provisions of all statutes relative to the property of the provision of the p	
Division of Corporations, P.O. Box	

FILING FEE: \$25.00