(Reque	estor's Name)						
(Address)							
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(City/Si	tate/Zip/Phone	e #)					
PICK-UP	WAIT	MAIL					
(Busine	ess Entity Nar	ne)					
(Docur	nent Number)						
Certified Copies	Certificates	s of Status					
Special Instructions to Filin	ng Officer:						
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**EXAMINER** 



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ACCOUNT NO. : I2000000195

REFERENCE: 461296 7477555

AUTHORIZATION :

COST LIMIT : C Sypellolle man

ORDER DATE: December 17, 2012

ORDER TIME : 1:07 PM

ORDER NO. : 461296-035

CUSTOMER NO: 7477555

## CHANGE OF AGENT

NAME: ZARCALRES CONNECT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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: Zarcalres Con	nerton, LLC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 14600 DETROIT AVENUE, STE. 1500 LAKEWOOD OH 44107
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	14600 DETROIT AVENUE, STE. 1500 LAKEWOOD OH 44107
05/02/2008	M08000002103
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:	C T CORPORATION SYSTEM
Registered Office Address:	PLANTATION FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Corporation Service Company.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	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.  (Signature of a member or authorized representative of a member)  Donisus Rupp	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Scale Portigio Operations Manager	
(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 promise of an interest in the provisions of all statutes relative to the promise of an interest in provision of a provision of Registered Agenti Corporation Service Company	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, chapter in the registered office address, I hereby in the chapter of this change.  Vice President

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