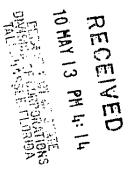
m09000001122

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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B. KOHR

MAY 1 4 2010

EXAMINER

SECRETARY OF STATE STATE STATE CORPORATIONS



ORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 380813

7715565

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: May 12, 2010

ORDER TIME : 2:20 PM

ORDER NO. : 380813-002

CUSTOMER NO: 7715565

CHANGE OF AGENT

NAME: VION HOLDINGS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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.

Name of the limited liability company: VION HOLDINGS LLC	
 (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) 	y: _5555_Glenridge_Connector Suite 200 Atlanta, GA_30342
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
03/23/2009	M09000001122
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:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
<u>NEW</u> Registered Agent:	Corporation Service Company
<u>NEW</u> 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. (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed
Stacey J. Schacter (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the promotion of all statutes relative to the promotion of the property of the statutes of my position f.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to corporation Service Company By: (Signature of Registered Agent) Sylvia Queppet, Asst. VP	agree 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, change in the registered office address, I hereby d in writing of this change.

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