## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : J20000000195

Phone : (850)521-1000

Fax Number : (850)558-1575

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail.	Address			

## REGISTERED AGENT CHANGE

SOUTHWEST FLORIDA ACQUISITION SUBSIDIARY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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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:	SOUTHWEST F	LORIDA ACQUISITION SUBSIL	DIARY, LLC			
<ol> <li>(a) Principal office address of limited (Note: MUST BE STREET ADD</li> </ol>	Principal office address of limited liability company: 615 West Camel Drive, Suite 100 (Note: MUST BE STREET ADDRESS)  Carmel, IN 46032					
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	· ••••••••••••••••••••••••••••••••••••	615 West Camel Drive, Suite 100 Carmel, IN 46032	500			
07/09/2009		M09000002661	EB 17			
3. Date of filing/registration in Florida	4.	Document number	E S			
5. (a) Registered Agent and Registered	Office shown on the	e records of the Florida Dept. of Sta	atc: TV:			
Registered Agent:	<u>(</u>	CT Corporaton System	- SE : 51			
Registered Office Address:	<u>]</u> <u>E</u>	200 South Pine Island Road Plantation, FL 33324				
		VIII. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Page and any other later than the same and			
(b) Enter name of NEW Registered A	Agent and/or NEW	Registered Office address:	•			
NEW Registered Agent:	<u>(</u>	Corporation Service Company				
NEW Registered Office Address: (MUST BE FLORIDA STREET.	_	1201 Huys Street				
modi bil i bolabil oxidati.	]	Tallahassee ,FL32301				
If the limited liability company is not orgethat after the change or changes are made, office of the registered agent will be ident hereby confirmed that the change(s) was/liability company or as otherwise provided limited liability company.	, the Florida street a ical. Or, in the case were authorized by d in the articles of c	iddress of the registered office and e of a Florida limited liability comm	the business vany, it is			
(Signature of a member or authorized representative of	a member)					
Elizabeth A. Dawson, Attorney in Fact (Printed or typed name of signee)						
I hereby accept the appointment as regist comply with the provisions of all statutes am familiar with and accept the obligation F.S. Or, if this document is being filed to confirm that the limited liability company Corporation Service Company  By:	tered agent and agr relative to the prop ns of my position as merely reflect a ch has been notified in	ee to act in this capacity. I further er and complete performance of my registered agent as provided for it ange in the registered office addres writing of this change.	agree to auties, and I n Chapter 608, is, I hereby			
By: (Augustian of Registered Agent) Sylvia Queppet,	Asst. Vice Presiden	ıt				
Division of Corpora	ations, P.O. Box 63	327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (05/08)