## . M1000003953

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| ,                                       |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| O initial transfer to Silica Office     |
| Special Instructions to Filing Officer: |
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Office Use Only



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NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

| Date: 06/09/2016   | Account #: I20000000088 |
|--|-------------------------|
| Name: Tamara Clark   |                         |
| Reference #: C016323   |                         |
| ENTITY NAME: APALACHEE CENTER LLC                            |                         |
| Articles of Incorporation/Authorization to Transact Business |                         |
| Amendment  |                         |
| Annual Report  |                         |
| Change of Agent  |                         |
| Reinstatement  |                         |
| Conversion   |                         |
| Merger   |                         |
| Dissolution/Withdrawal                                       |                         |
| Fictitious Name  |                         |
| Other:   |                         |
|  |                         |

Authorized Amount:

Signature: I ana I Clam

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: APALACHEE   | CENTER, LLC  |   |
|---|--|---|
| <ol> <li>(a) Principal office address of limited liability company<br/>(<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>   | 760 BRISCOE BLVD<br>LAWRENCEVILLE, GA  | 30046   |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |  | 6 5   |
| September 7, 2010   | M10000003953   | 4 NS S  |
| 3. Date of filing/registration in Florida   | 4. Document number   | Hog 3   |
| 5. (a) Registered Agent and Registered Office shown on i  | he records of the Florida Dep  | or of Steples   |
| Registered Agent:   | BAISCH, PAUL   | RICE OF   |
| Registered Office Address:  | 1136 BECK AVE PANAMA CITY, FL 32401  |   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>   | V Registered Office address  | <u>\$</u> :   |
| NEW Registered Agent:   | National Corporate Research, Ltd., Inc.  |   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 115 North Calhoun St., Suite 4   |   |
| MEST DE LECKIDA STREET ADDRESS)   | Tallahessee  | FL 32301  |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwishe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member | orida street address of the regical. Or, in the case of a Flor was/were authorized by an a | gistered office<br>ida limited<br>ffirmative vote of  |
| Scott A. Moon  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 pround I am familiar with and accept the obligations of my po Chapter 605. F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company   | <del></del> -  | I further agree to<br>ice of my duties,<br>provided for in<br>egistered office<br>of this change. |
| Signature of Registered Agent Brandie Sullivan, Assistant Sec   | retary   |   |

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

INHS18 (12/13)