Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number: 12000000195 Phone : (850)521-1000

: (850)558-1515 Fax Number

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

Email Address:

LLC REGISTERED AGENT CHANGE BROADLANE VENTURES I, LLC

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C. LEWIS JAN 1 9 2011

EXAMINER

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INHS18 (05/08)

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.

I. Na	me of the limited liability company: BROADLA	NE VENTURES I, LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	/: 13727 Noel Road, Suite 1400 Dallas, TX 75240
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	13727 Noel Road, Suite 1400 Dallas, TX 75240
	7/2010	M10000003982
3. Da	te 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 NEW Registered Agent and/or NEW Registered Office address:		
	NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	(MUST DE LEVAIDA STREET ADDRESS)	TallahasseeFL_32301
that all office hereby liabilit limite	limited liability company is not organized under the let the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the business
	ca Lozada, Authorized Person or typed name of signee)	-
I here compl am fai F.S. (confir By:	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro miliar with and accept the obligations of my position or, if this document is being filed to merely reflect a c m that the limited liability company has been notified orporation Service Company	gree 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, thange in the registered office address, I hereby I in writing of this change.
(Signati	uc of Registered Agenty Sylvia Queppet, Asst. Vice P	resident $\overline{\triangleright}$ \simeq
	Division of Corporations, P.O. Box FILING FEE	6327, Talianassee, FL 32314
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