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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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FILING REQUEST

January 12, 2012

FLORIDA SECRETARY OF STATE:

Type of Filing:

CHANGE OF AGENT

Subject(s):

ARROW-INTECHRA LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

Check Enclosed:

CHECK #38457 FOR \$25.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI CORPORATE SERVICES 590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions. Thank you!

Jackie Bernu

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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.

| agent, or oom, in the state of I to had. | | |
|---|---|--|
| Name of the limited liability company: | Arrow-Intechra LLC | |
| 2. (a) Principal office address of limited liability compar | ıy: | |
| (Note: MUST BE STREET ADDRESS) | 713 South Pear Orchard Road Ridgeland, MS 39157-4823 | 1 |
| (b) Mailing address of limited liability company: | | |
| (Note: MAY BE POST OFFICE BOX) | 713 South Pear Orchard Road Ridgeland, MS 39157-4823 | <u></u> |
| 12/9/2010 | M1000005434 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown or | n the records of the Florida Dept. of | State: |
| Registered Agent: | Corporation Service Company | , |
| Registered Office Address: | 1201 Hays Street Tallahassee, FL 3230 F2525 | 3 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | NRAI Services, Inc. 515 East Park Avenue | |
| MOST BE LEGRIDA STREET ADDRESS | Tallahassee ,FL | 32301 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the register ntical. Or, in the case of a Florida lifts) was/were authorized by an affirm erwise provided in the articles of org | ed office mited ative vote |
| Gregory Tarpinian | | |
| Printed or typed name of signee | _ | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa NRAI Services. Inc. | agree to act in this capacity. I furth roper and complete performance of osition as registered agent as provid nerely reflect a change in the register ny has been notified in writing of thi | per agree i my duties ded for in red office is chänge. |
| Signature of Registered Agent | | |

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