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(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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D. ERUCE

PAPPAJOHN, SHRIVER, EIDE & NIELSEN P.C.

LAWYERS

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September 12, 2013

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: No Snow One, L.L.C.

Dear Sir or Madam:

I am enclosing herewith for filing the following documents, to-wit:

- 1. Cover Letter;
- 2. Statement of Change of Registered Office or Registered Agent or Both Limited Liability Company; and
- 3. Check payable to Florida Secretary of State for \$55.00.

After the above documents have been filed, please return to me a Certified Copy.

If you should have any questions or concerns, please let me know. Thank you.

Very truly yours,

PAPPAZOHN, SHRIVER, EIDE & NIELSEN P.C.

By:

David A. Grooters

DAG/ajh Enclosures

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.	Nai	ne of the limited liability company: No Snow On	e, L.L.C.
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	803 North Shore Drive Clear Lake, Iowa 50428
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	803 North Shore Drive Clear Lake, Iowa 50428
		pril 5, 2011	M11000001732
3.	Dat	e of filing/registration in Florida 4	. Document number
5. (a) Registered Agen		Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
		Registered Agent:	Corporation Service Company
		Registered Office Address:	1201 Hays Street Tallahassee, Florida 32301-2525
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	Registered Office address:
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	463 Haven Point Drive TT
an lia the	nfiri d the bilit e me e ope	imited liability company is not organized under the lamed that after the change or changes are made, the Flore business office of the registered agent will be identically company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise erating agreement of the limited liability company.	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Pr	inted -	Steven L. Hansen or typed name of signee	
I co an Cl ad	here mply d I a napte dres	by accept the appointment as registered agent and ag with the provisions of all statutes relative to the proj om familiar with and accept the obligations of my posi or 608, F.S. Or, if this document is being filed to mer of thereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent