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To: Division of Corporations  
Fax Number : (950) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES COA  
Account Number : 120160000009  
Phone : (770) 777-2091  
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LLC REGISTERED AGENT CHANGE  
MINNESOTA LIMITED, LLC

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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 605.0114 or 605.0116, 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: MINNESOTA LIMITED, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
8850 Crawfordsville Road  
Indianapolis, IN 46234

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
3100 Interstate North Circle, Suite 150  
Atlanta, GA 30339

3. 06/28/2011 Date of filing/registration in Florida

4. M11000003286 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
C T CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD  
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NRAI Services, Inc.

NEW Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/W. Thomas Newell

Signature of a member or authorized representative of a member

W. Thomas Newell

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: NRAI Services, Inc.

Signature of Registered Agent

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

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