

5/3/2013 13:21 From To: 8506176383

Division of Corporations

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M11000004990

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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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 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. Name of the limited liability company: Colnsight PBT, LLC

2. (a) Principal office address of limited liability company: 5775 Wayzata Boulevard, Suite 400  
(Note: **MUST BE STREET ADDRESS**)  
Suite 400  
St. Louis Park, MN 55416

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10/04/2011  
3. Date of filing/registration in Florida

M11000004990  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: CT 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:** NRAI Services, Inc.  
**NEW Registered Office Address:** 1200 South Pine Island Road  
(**MUST BE FLORIDA STREET ADDRESS**) 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.

Sabrina Tillapaugh  
Signature of member or authorized representative of a member

Sabrina Tillapaugh, Manager  
Printed or typed name of signee

*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 608, 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 Sabrina Tillapaugh, Asst. Sec.

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

INHS18 (05/08)