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(<i>F</i>	Address)	<u> </u>				
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PICK-UP	☐ WAIT	MAIL				
(E	Business Entity Name)					
(0	Document Number)					
Certified Copies	Certificates of	Status				
Special Instructions t	o Filing Officer:					
MAR 2 8 2012 L. SELLERS						
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Office Use Only

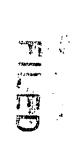


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ACCOUNT NO. : 12000000195

REFERENCE: 059011

AUTHORIZATION :

COST LIMIT : \$ 25.

ORDER DATE: January 12, 2012

ORDER TIME : 3:54 PM

ORDER NO. : 059011-068

CUSTOMER NO: 7864087

CHANGE OF AGENT

NAME: RSM MCGLADREY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:



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: RSM MCGLA	ADREY LLC	
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 3600 American Boulevard Third Floor Bloomington, MN 55431	West
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3600 American Boulevard Third Floor Bloomington, MN 55431	
November 30, 2011	M11000006007	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dej	pt. of State:
Registered Agent:	C T Corporation System	
Registered Office Address:	Plantation, FL 33324	ad
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	Corporation Service Compa	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL_32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. Maure Catley	et address of the registered off case of a Florida limited liabili	fice and the business it is
(Signature of a member or authorized representative of a member)	-	27
Maureen Cathell, Authorized Person (Printed or typed name of signee)	_	A D
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promining multiple and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified by the world with the confirmity of t	ngree to act in this capacity. I oper and complete performan as registered agent as proyid change in the registered office d in writing of this change.	' further agree to ice of finy diffies, and I led for in Chapter 608, e address, I hereby
By: Was t-Kubi		

(Signature of Registered Agent) Corporation Service Company Grace E. Kirby, Assistant Vice President

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