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To:					
	Division of Co	rporations			
	Fax Number	: (850)617-6383			
From:		5-	Ligh	19	
	Account Name	: CAPITOL CORPORATE SERVICES, INC.	,		
	Account Number	: I20160000048	, (2) , (7)	-	
	Phone	: (800)345-4647		- 70	
	Fax Number	: (800)432-3622		_	-
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		for this business entity to be used for futu	re'	₽	ſ
annua	ıl report mailin	gs. Enter only one email address please. 🍑 🚍		-	`
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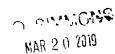
## LLC REGISTERED AGENT CHANGE ACC OP (COPELAND) LLC

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## (((H190000919673)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submits Florido	s the following statement in order t	0114 or 605.0116, I to change its regis ACC OP (COF	tere	office or reg	e undersigned limited liability company istered agent, or both, in the State of	
l. Nar	me of the Limited Liability Company:	700 OF (00F		AIND) LLO		
2 (a)	12700 HILL COUNTRY BLVD, STE T-200 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 12700 HILL COUNTRY BLVD, STE T-200 Miniting address of limited liability company:  (Note: MAX BE POST OFFICE BOX)			
4. (A)						
	AUSTIN, TX 78738		-	AUSTIN,	TX 78738	
	5/23/2012			M12000	0002893	
3.	Date of filing/registration in	Florida	4,	Ì	Document number	
5. (a)	CT CORPORATION SYSTEM	M				
(-)	Registered Agent and Registered Office show	was on the records of the	Flori	da Dept, of State:		
	1200 SOUHT PINE ISLAND	ROAD				
	Registered Office Address (MUST BE F.	LORIDA STREET AD	DRE	(22)	·	
					T. 19 5	
	PLANTATION	. FL	222	7A	F.3 _	
	FLANTATION	, rL	000	<u></u>	調覧コー	
ΔŊ	Capitol Corporate Services, In	nc.			NO TO LO	
(4)	Enternance of NEW Resistered Agent and		ffice	ddress:		
					宣治 골 모	
	515 East Park Avenue 2nd Fl	<u> </u>			PH 1: 3	
	NEW Registered Office Address:				1: 3'	
	Tallahassee	, FL_	323	01		
the cha agent v was/we the arti	will be identical. Or, in the case of a learn authorized by an affirmative vote icles of organization or the operating a	street address of the Florida limited liab of the members of agreement of the li	he rep ility the li	gistered office company, it is mited liability Lliability comp Stev	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Ye Beinke, Vice President	
	ture of a member or authorized representative				Printed or typed name of signer	
I herei provisi the obl to mere notifled	hy accept the appointment as register ions of all statutes relative to the proplegations of my position as registered ely reflect a diapige in the registered of in writing of this change.				ncity. I further agree to comply with the buties, and I am familiar with and accept F.S. Or, if this document is being filed he limited Hability company has been	
	Delana Case				t Secretary on	
Signatu	re of Registered Agent	apitol Corporate Services, Inc.				

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

INHS18 (2/14)