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NAME: CONCERT AMELIA 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. 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: Concert Amelia | illo | |
|--|---|--|
| 2. (a) Principal office address of limited liability comp | pany: 1 Coastal Oak | |
| (Note: MUST BE STREET ADDRESS) | Newport Coast, CA 92657 | |
| | | |
| 45.56.99 | 1 Coastal Oak | |
| (b) Mailing address of limited liability company: | | |
| (Note: MAY BE POST OFFICE BOX) | Newport Coast, CA 92657 | |
| | | |
| | M12000003105 4. Document number | |
| 06/01/2012 | M12000003105 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown | - | |
| Registered Agent: | Michael S. Mullin | |
| Registered Office Address: | 960185 Gateway Boulvard, Suite 203 | |
| | Amelia Island, FL 32034 | |
| NEW Registered Agent: | National Corporate Research, Ltd., Inc. | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | AFF Office Diago Delvio | |
| MUST BE FLORIDA STREET ADDRESS | 155 Office Plaza Drive Tallahassee .FL 32301 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the confirmed that after the change or changes are made, the change the business office of the registered agent will be in ability company, it is hereby confirmed that the change he members of the limited liability company or as other than the operating agreement of the limited liability company or as other than the confirmed representative of a member of the limited liability company of the confirmed that the limited agent agent and the comply with the provisions of all statutes relative to the comply with the provisions of all statutes are all the comply with the prov | the Florida street address of the registered office dentical. Or, in the case of a Florida limited se(s) was/were authorized by an affirmative vote of the registered in the articles of organization or y. Indicate the act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change. | |
| Signatury of Registrated Agent | in my | |
| Division of Corporations, P.O. Box | | |

INHS18 (12/13)