M12000003872

| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Add | dress) | | | |
| (Add | dress) | | | |
| (City | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only-



100267546131

12/19/14--01024--001 **25.00

SECREMENT OF STATE

SECREM

01,29,4



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 17, 2014

Order#: 409833-091

Re: SILVER ANGELS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

| (a) | | (b) | |
|---------------------|---|--|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 12201 Bluegrass Parkway | | |
| | Louisville, KY 40299 | | |
| | 07/06/2012 | M12 | 2000003872 |
| | Date of filing/registration in Florida | 4. | Document number |
| (a) | C T Corporation System | | |
| | Registered Agent and Registered Office shown on the records of | the Florida Dept. | of State: |
| | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | |
| | 1200 South Pine Island Road | | |
| | Plantation , FL | 33324 | 1 U |
| (b) | Corporation Service Company | | SECRETARY NISION OF CO |
| • , . | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | T9 |
| | | | ORPON |
| | 1201 Hays Street | | FATENER OF |
| | NEW Registered Office Address: | | P PH 1: 06 |
| | | | |
| | <u>Tallahassee</u> , FL | , 32301 | |
| chai it w /we | mited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the registered ability compan of the limited l | office and the business office of the registory, it is hereby confirmed that the change(s) iability company or as otherwise provided |
| | | 20114 1 110 | Printed or typed name of signee |

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

Signature of Register Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President

notified in writing of this change.