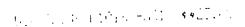
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## COVER LETTER

FO:	Registration Section Division of Corporations		5						
	Division of Corporations		T. Carlotte and the car						
SUBJ	ACOPIAN MANAGEMENT, L	ACOPIAN MANAGEMENT, LLC							
	Name	Name of Limited Liability Company							
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning this	matter to the	following:						
Kris i	Fendrock		Ā						
	Name of Person		— <b>%</b>						
Myer	rs Brier & Kelly LLP								
	Firm/Company								
425	Spruce St, Ste 200								
	Address		<del></del>						
Scra	nton, PA 18503								
	City/State and Zip Code								
ga@	acopian.com								
	E-mail address: (to be used for future annu-	al report notif	ication)						
For fu	rther information concerning this matter, p	lease call:							
Greg	ory Acopian	321	727-1172						
	Name of Person	- \	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.e	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314						
	Enclosed is a check for the following a	mount:							
	<b>☑</b> \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy						



## 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

. Na	me of the limited liability company: ACOPIAN I	MANAGMI	ENT, LLC	
( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		N	failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	One Windwood Hill		2001 W.	NASA Blvd
	Easton, PA 18045		Melbo 🕃	ne, FL 32904
	1/14/2013		M13000	000266
	Date of filing/registration in Florida	4.		Document number
. (a)				
. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	:
	W. Bradley Munroe, Esq			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	239 E. Virginia Street			
	Tallahassee	32301		
		FL		
(b)	Gregory Acopian			
(0)	Enter name of NEW Registered Agent and/or NEW Register			
	NEW Registered Office Address:			
	2001 W. NASA Blvd			
	Melbourne	EL 32904		
he cha igent v vas/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member coles of organization or the operating agreement of the state of	laws of the of the regis I liability co	tered of the mpany, it is ted liability ability com	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in opany.
Signa	ture of a member or authorized representative of a member		<u></u>	Printed or typed name of signee
l here provisi he obl	by accept the appointment as registered agent and a common of all statutes relative to the proper and completigations of my position as registered agent as proved reflect a change in the registered office address, dim writing of this change.	agree to act ele performa ided for in C . Thereby co	in this cape ince of my c hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept. F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registerof Agent			

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