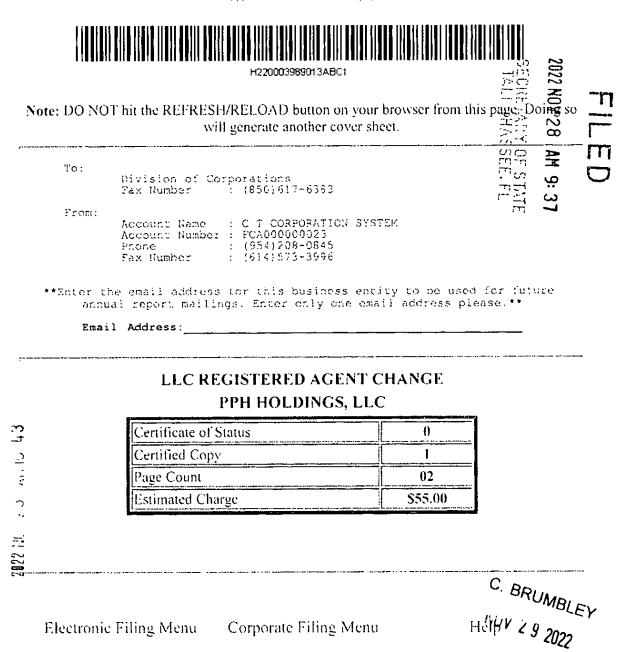
From: Kaity Toon

Page: 2 of 3

Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu Corporate Filing Menu

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.

7	ame of the limited liability company:	99 569 Bro	okwood Village ,Suite 901, Birmingham, AL 3520
2. (a)	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	01/28/2013	M130000	00589
3. 5. (a) (b)	Date of filing/registration in Florida	4.	Document number
			_
	Registered Agent and Registered Office shown on the records of 515 EAST PARK AVENUE 2ND	the Florida Dept of St	,
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		FIL 2022 NOV 28 SECON LARY TAIN AHAS
	TALLAHASSEE , FI	32301	
	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	NEW Registered Office Address:		_
	1200 South Pine Island Road		<u> </u>
	Plantation , FI	33324	
the chi	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of	f the registered off ability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
was/w	icles of organization or the operating agreement of the	Ladd Mark	
was/w the art	icles of organization or the operating agreement of the	Ladd Mark	Printed or typed name of signee
Was/w the art Signa I here provis the ob- to men	2ll nk	ree to act in this co performance of in d for in Chapter 6 hereby confirm th	apacity. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, F1. 32314 F1LING FEE: \$25.00