M130000C2628

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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M. Common Pring-123



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: November 25, 2013

Order#: 895168-033

Re: NATIONWIDE SOUTHEAST LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Ami Casper

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 608.416 or 608.508, 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: NATIONWIE | DE SOUTHEAST LLC | | | |
|--|---|--------------------------|--|--|
| 2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | pany: 3435 N. Cicero Avenue | _ | | |
| | Chicago | Chicago IL 60641 | | |
| (b) Mailing address of limited liability company: | 3435 N. Cicero Avenue | 77. 20 20 3 | | |
| (Note: MAY BE POST OFFICE BOX) | Chicago, IL 60641 | | | |
| 04/24/2013 | M13000002628 | 27 27 ANY O | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida I | Dept. of State: | | |
| Registered Agent: | C T Corporation System | C T Corporation System | | |
| Registered Office Address: | 1200 S. Pine Island Road | 1200 S. Pine Island Road | | |
| | Plantation | FL 33324 | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | Corporation Service Comp | | | |
| NEW Registered Office Address: | 1201 Hays Street | | | |
| (MÜST BE FLORIDA STREET ADDRESS) | Tallahassee | ,FL 32301 | | |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company | ne Florida street address of the dentical. Or, in the case of a Fge(s) was/were authorized by a erwise provided in the articles | registered office | | |
| /s/ Dona Priebe | | | | |
| Signature of a member or authorized representative of a member | | | | |
| Dona Priebe, Authorized Person Printed or typed name of signee | | | | |
| I hereby accept the appointment as registered agent a comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, thereby confirm that the limited liability com | e proper and complete perforn | iance of my duties. | | |
| By: Signature of Registered Agent Corporation Service Company | Sylvia Queppet, Assistant Vice | e President | | |

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