Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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 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.

2. (a)	Principal office address of limited liability company:	(t	Mailing address of firnited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	1150 First Avenue, Suite 600	_	1150 First Avenue, Suite 600
	King of Prussia, PA 19406		King of Prussia, PA 19406
	5/21/2013		M13000003207
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	Corporation Service Company		
	Registered Agent and Registered Office shown on the records of 1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET	- · · · · ·	·
	Talishassec , F	L_32301	TAL
(b)	C T Corporation System	÷	C ATE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	LAHASSEE
	NEW Registered Office Address:		FIS
	1200 South Pine Island Road		
	Plantation	33324	Om P
ihe cha igent v was/we	mited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the f the regis lability co of the lim o limited l	stered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Sienul	ure of a member or authorized representative of a member	· Ann	Printed or typed name of signee
I herel provisi he obli o mere notifica C T Co	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a charge in the registered office address, I in writing of this change. ANN J. Assistant	ree to act performa d for in C hereby co WILLIA!	in this capacity. I further agree to comply with the nice of my duties, and I am familiar with and accept hapter 605, F.S. Or, If this document is being filed infirm that the limited liability company has been MS

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00