

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : SPI AGENT SOLUTIONS, INC.  
 Account Number : I20230000143  
 Phone : (888)314-3998  
 Fax Number : (518)514-1288

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
 DOC-15255 MAX LEGGETT PKWY MOB. LLC**

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DEPT. OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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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

1. Name of the limited liability company: DOC-15255 MAX LEGGETT PKWY MOB, LLC

2. (a) <u>Principal office address of limited liability company</u> <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>309 N. Water Street, Suite 700</u>	<u>309 N. Water Street, Suite 700</u>
<u>MILWAUKEE, WI 53202</u>	<u>MILWAUKEE, WI 53202</u>

3. <u>06/26/2013</u>	4. <u>MI3000004100</u>
Date of filing/registration in Florida	Document number

5. (a) UNIVERSAL REGISTERED AGENTS, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1317 CALIFORNIA ST.  
TALLAHASSEE, FL 32304

(b) SPI AGENT SOLUTIONS, INC.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**  
NEW Registered Office Address:  
1540 GLENWAY DR  
TALLAHASSEE, FL 32301

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 DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u>John T. Thomas</u> Signature of a member or authorized representative of a member	<u>John T. Thomas</u> Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent