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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842

Fax Number : (850)878-5368

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

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LLC REGISTERED AGENT CHANGE ARCP DG OCALA FL, LLC

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5/22/2015 3:18:54 PM Fron: To: 8506176380(2/2)

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.

| | (a) | ame of the limited liability company: 2325 B. Camelback Road, Suite 1100 Phoenix, AZ 85016 | | (b) 2325 E. Camelback Road, Suite 1100 | | | | | _ |
|-----------|-------------------------------------|--|-----------------------------------|--|---|--|--|---------------------------------------|-----------|
| | (P) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0, | | Mailing address of limited (Note: MAY RE POST | | | _ |
| | | | _ | | Phoenix, | AZ 85016 | | | - |
| | | 04/07/2014 | _ | , | M1400000 |)2348 | | | _ |
| 3. | | Date of filing/registration in Florida | - 4. | - | | Document number | | | _ |
| 4 | (a) | Corporation Service Company | | | | | | | |
| ۵. | (4) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | | |
| | | 1201 Hays Street | | | | | | | |
| | | Registered Office Address (MUST RE FLORIDA STREET ADDRESS) | | | - | | | | |
| | | | | | | ; | 57 | | |
| | | Tallahassee , FI | 3230 | <u> </u> | | _ | <u>*</u> | ਤੌ ⊐ਵ | |
| | (b) | C T Corporation System | | | | | A STATE OF THE STA | HAY 2 | -1 |
| | (6) | Enter name of NEW Resistered Agent and/or NEW Registered | Office | ade | ren: | _ | 経理 | N | |
| | | | | | | | | 7 | C |
| | | | | _ | | | MIS. | | |
| | | NEW Registered Office Address: | | | | | | | |
| | | 1200 South Pine Island Road | | | | - | 70. | _ | |
| | | Plantation , FI | 3332 | 4 | | | | | |
| the ag | ent v | imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Of it the case of a Florida limited lies authorized by all affirmative vote of the members of cless of organization of the operating agreement of the | ws of the re ability | the egis | tered offi mpany, it ited liabil | ce and the business of it is hereby confirmed the lity company or as other | lice of the re | gister | ed |
| • | | | 1 | enn | ifer Kurz, | | | | |
| - | Signa | ture of a member or authorized representative of a member | | | | Printed or typed name o | l'signée | | _ |
| Drin to | here Ovisi Ovis Ovi Mer | by accept the appointment as registered agent and agi ions of all flatuies relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change, apolytion System | ree to perfo d for hereb | act rme in C y co | in this ca ince of m chapter of infirm tha | pacity. I further agree y duties, and I am fami 05, F.S. Or, if this doc at the limited liability c | to comply v liar with an ument is bei ompany has | with ti d acci ing fili been | ie :pt |
| Ç Bv | TC | production System | | | Alfre | d Younan | | | |
| Si | gnati | te of Registered Agent | A | \S: | sistaı | nt Secretary | , | | |
| | | Division of Corporations P.O. | | | | | | | |

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