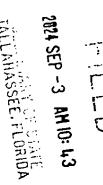
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Thank you!)

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.	Νι	ime of the limited liability company: Alachua County H	RC, LLC				
າ	(a)	1950 Lower Birmingham Road	ningham Road (b) 1950Lower Birmingham Road				
~.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Canton, GA 30115	_	Canton, GA	30115		
			_				
		October 20, 2014		M140000075			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Deborah P. Kennedy			77. 28.		
	(7	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	E S T		
5270 North US Hwy I							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		Suite 101					
		Palm Shores , FL	32940		FILED MID: 43		
	/ L .\	C T Corporation System			DA S		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:							
		NEW Registered Office Address:					
							
		1200 South Pine Island Road					
		Plantation , FL	33324				
16	ا ماء	imited liability company is not organized under the law	us of the	State of Flo	orida, it is hereby confirmed that after		
th	e cha	inge or changes are made, the Florida street address of	the regis	stered office	and the business office of the registered		
ag	ent v	vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	ibility co	mpany, it is ited liability	hereby confirmed that the change(s) company or as otherwise provided in		
th	e art	icles of organization or the operating agreement of the	limited l	iability com	ipany.		
Deborah P. Kennedy							
_	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
pr th to	ovis e ob. mer	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. CJ,Corporation System	perform I for in C iereby co	ance of my c Thapter 605, Infirm that t	tuties, and I am familiar with and accept . F.S. Or. if this document is being filed		
By: MutalCule Theresa Buck, Assistant Secretary Signature of Registered Agent							

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1L1NG FEE: \$25.00