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COVER LETTER

Division of Corporations			
SUBJECT: AEP CHARTER PALMER	RANCH, LLC		
	me of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	ifice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the	following:	
LORETTA A. MCCOOL			
Name of Person			
UNISEARCH, INC.			
Firm/Company			
325 13TH ST. SUITE 404			
Address			
SALEM, OR 97301			17 SEP
City/State and Zip Code			P 22
UNISOP@UNISEARCH.COM			77; **
E-mail address: (to be used for future an	mual report noti	tication)	AH 8: 4.5
For further information concerning this matte	r, please call:		£6
LORETTA A. MCCOOL	800 at (554-3113	
Name of Person	(Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the followin	g amount:		
☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy	

INFIS18 (2/14)

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.

	ame of the limited liability company: AEP CHAR	•					
2. (a)				Mailing address of			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BI			
	222 SW COLUMBIA ST. SUITE 1750		222 SW	/ COLUMBIA			
							
	PORTLAND, OR 97201		PORIL	AND, OR 972	<u> </u>		
	07/27/2015		M150000	005900			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)				_			
. (,	Registered Agent and Registered Office shown on the records	of the Florid	la Dept, of Sta	te:			
	C T CORPORATION SYSTEM			_			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>(S)</u>				
	1200 SOUTH PINE ISLAND ROAD			_		ب-	
	PLANTATION	33324	ļ.			7 SEP	
				_	:	9	
(b)				_	35. 1.	22	
,	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	<u>idress</u> :		بار درو	A	Τ.
	UNISEARCH, INC.				100 N	AH 8: 4!	· · · · · ·
	NEW Registered Office Address:	_		_	:·	Œ	
	155 OFFICE PLAZA DR.			_			
	TALLAHASSEE	_{FL} 32301		_			
the cha agent v was/we the art	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	laws of the of the reg liability c s of the lir he limited	e State of Fl istered offic ompany, it i nited liabili	ee and the busing is hereby confir- ty company or a mpany.	ess office med that	of the the cha	registerec inge(s)
	CINDY CAGGIANO, AUTHORIZED PERSON ture of a member or authorized representative of a member		TO TO CAC	Printed or typed	name of sig	znee	
I here provise the object of the provision of the provisi	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple igations of my position as registered agent as provided in writing of this change. ARCH_INC. HOUTILE FURTHER OF Registered Agent	te perforn ded for in I hereby c	vance of my Chapter 60, confirm that	pacity. I further duties, and I an 5, F.S. Or, if th the limited liah	· aureau ta		y with the ind accep eing filed as been

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