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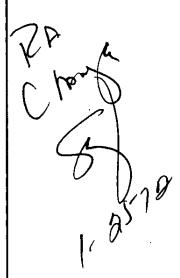
(Rec	luestor's Name)	**		
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COVER LETTER

TO:	Amendment Division of	nt Section f Corporations						
SUBJI	ECT:	AVE MARIA L	INIVERSITY Name of Co	LAND TRUST, IN	NC			
DOCU	IMENT NU	MBER:	N030	00006958				
The en	closed State	ment of Change of I	Registered Office/	Agent and fee are submi	itted for filing.			
Please	return all co	rrespondence conce	rning this matter t	to the following:				
		·	J	· ·				
			BECKY D	ILLER	•			
	,		Name of Cont	act Person				
			QUARLES & E					
			Firm/Con	npany				
		444	E 14/1000NOIN	. AVE OTE 00.40				
		411	E WISCONSIN Addre	AVE STE 2040				
			Addie	555				
			1411 \A/A II/EE	NAIL 50000				
	MILWAUKEE WI 53202 City/State and Zip Code							
	City/State and Zip Code							
	_		gene.munin@a					
	E-mail address: (to be used for future annual report notification)							
For fur	ther informa	ation concerning this	s matter, please ca	II:				
		BECKY DILLER		at (414)	277-5541			
		ne of Contact Perso	n	Area Code & Dayt	277-5541 ime Telephone Number			
Enclos	ed is a \$35.0	00 check made paya	ble to the Departn	nent of State.				
		Mailing Addr Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment S Division of Ce Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ing ve Center Circle			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a c	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta d agent, or both, in the Sta	te of FLO	DRIDA		
1. The name of	the corporation: AVE	MARIA UNIVI	ERSITY LAND TR	UST, II	NC.	····	****
2. The principal	office address: 5050 A	VE MARIA BL	/D				
	AVE M	IARIA FL 34142					
3. The mailing a	address (if different): SA	AME				····	
4. Date of incor	poration/qualification: _	08/13/2003	Document number:	N03	0000069	58	
	d street address of the curtment of State: (If resign		nt and registered office on	file with th	ne		
	NAPLES-LAWDO	CK, INC.		. <u> </u>			
	1395 PANTHER L	ANE, SUITE 30	0		,		
	NAPLES FL 3401	9			SEC FALL	2012	
6. The name and (if changed):		w registered agent (if changed) and /or register	red office	RETARY OF AHASSEE, F.	a Je usi	
	5050 AVE MARIA	BLVD P.O. Box NOT ac	exeptable		STATE FLORIDA		O
	AVE MARIA FL 34		•				
The street address changed will	ess of its registered offi be identical.	ce and the street ad	dress of the business offic	e of its re	gistered ag	ent,	
_			y its board of directors or ied in writing of the chan				
Signatu	re or fire officer of director	R	GEORGE FORRES	TIII, PR	RESIDEN	<u>T_</u>	
I further agree of my duties, ar document is becorporation ha	the appointment as regardless the province of	visions of all statute ad accept the obliga ct a change in the r ig of this change.	agree to act in this capaci is relative to the proper a ation of my position as reg registered office address, 2 20/11	ty, nd comple istered a i hereby c	ete perform gent. Or, ij onfirm tha	ance this the	
	-						
I	yped or Printed Name						

* * * FILING FEE: \$35.00 * * *