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REGISTERED AGENT CHANGE RELIANCE-WINDEMERE, INC.

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CR2E045 (8/05)

$\slash\hspace{-0.4em}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	FOR CORE	MARIONS			
Pursuant to the	provisions of sections 607.0502, 617.0502	2, 607.1508, or 617.1508, Florida Statutes	s, this		
statement of cha	nge is submitted for a corporation organi	ized under the laws of the State of FLOR	IDA		
in orde	r to change its registered office or registe	red agent, or both, in the State of Florida.			
I. The name of t	the corporation: RELIANCE-WINDER	MERE, INC.			
2. The principal	office address: 20 Battery Park Avenu	e,Suite 305, Asheville, NC 28801			
FF					
3. The mailing a	address (if different):		4		
4. Date of incorp	poration/qualification: 02/25/1998	Document number: N9800000111	6		
	d street address of the current registered against affect of State:	gent and registered office on file with the			
	Robert O. Jackson				
	805 E. Broward Boulevard, Suite 2	00			
	Fort Lauderdale, FL 33301				
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registered office			
	Corporation Service Company				
	1201 Hays Street				
	(P.O. Box NOT acceptable)				
	Tallahassee, FL 32301				
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its regis	stered agent,		
Such change wanthorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an office stified in writing of the change.	er so		
500 m	, Sono	Blanca Lozada, Attorney in fact			
(Signat	ure of an onecer or director)	(Printed or typed name and litle)			
I hereby accept I further agree of my dutles, an document is bet corporation ha	the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obl- ing filed merely to reflect a change in th s been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and complete igation of my position as registered ager e registered office address, I hereby con	performance nt. Or, if this firm that the		
Corporan	on Service Company	February 16, 2010	TAS		
By: Jy	gnature of Registered Agent)	(Date)	 EG) F	
If signing on be	chalf of an entity:	•	HAX.	 	
Grace E. Kirb	y, Assistant VP		RY SEE	₽	-
C	Typed or Printed Name)				
	* * * FILING FE	CE: \$35.00 * * *	<u>_</u> '.x	÷	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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