

A10000000086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

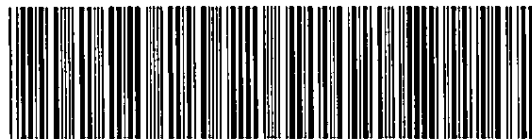
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. SCOTT
NOV 14 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: November 14, 2017

Order#: 913629/012

Re: LOFTON ISLAND HOLDINGS LP

Enclosed please find:

Change of Registered Agent and Office.
 Check in the amount of \$35.00.

Please take the following action:

File in your office on a routine basis.
 Issue Proof of Filing.
 Return Regular Mail in the enclosed envelope.

Attn: Ashley Jiminez
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LOFTON ISLAND HOLDINGS LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/23/2010
Date of filing/registration in Florida

3. A10000000856
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI SERVICES, INC
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

Name: Rob Jeffrey, Manager on behalf of Lofton Island GP, L.L.C., its General Partner
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Grace E. Kirby
Signature of Registered Agent

By: Grace E. Kirby
Signature of Registered Agent
By: Grace E. Kirby, Assistant Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
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Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

Name: Rob Jeffrey, Manager on behalf of Lofton Island GP, LLC, its General Partner
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: [Signature]
Signature of Registered Agent
By: Grace E. Kirby, Assistant Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50