

Division of Corporations

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L07000120905

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH
Account Number : 120160000081
Phone : (407)839-4277
Fax Number : (407)839-4264

2018 DEC 11 AM 10:29
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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LLC REGISTERED AGENT CHANGE
LAWSON'S MHP, LLC

Certificate of Status	0
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DEC 12 2018

EXAMINER

2018 DEC 11 PM 3:33

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. Name of the limited liability company: Lawson's MHP, LLC

2. (n) 2875 S. Orange Avenue (b) 2875 S. Orange Avenue
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

Suite 500 #4080 Suite 500 #4080
Orlando, FL 32806 Orlando, FL 32806

12.05.2007 L07000120905
 3. Date of filing/registration in Florida 4. Document number

5. (a) Broad and Cassel LLP
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
390 N. Orange Avenue, Suite 1400
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Orlando, FL 32801

(b) B&C Corporate Services of Central Florida, Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
390 N. Orange Avenue, Suite 1400
NEW Registered Office Address:
Orlando, FL 32801

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Jamie Smith
 Signature of a member or authorized representative of a member Printed or typed name of signer

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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