## 110000130858

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	<u>-</u>			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Statu	us			
Special Instructions to Filing Officer:				

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TALLANASSLE FLORIDA

J. LEGGETT #0V 1 7 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#: 913629/011

Re: LOFTON ISLAND GP LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX 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

## 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. Na	ame of the limited liability company: LOFTON ISLA	AND GP LL	LC
2 (a)	3040 Oasis Grand Blvd	(b)	3040 Oasis Grand Blvd
<i>L.</i> (u)	Principal office address of limited liability company:	(0)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	3rd Floor Administration Office	<del></del>	3rd Floor Administration Office
	Fort Myers, FL 33916		Fort Myers, FL 33916
	12/23/2010		L10000130858
3.	Date of filing/registration in Florida	— <sub>4.</sub> –	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	of the Florida I	a Dept. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	<u> </u>
		•	FILED Nov 17 PM
	Plantation , F	L_33324	<u>4 왕</u>
(b)	Corporation Service Company		
` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	idress:
	1201 Hays Street		
	NEW Registered Office Address:		
		<u></u>	
	Tallahassee , F	L 32301	L _ ;
the cha agent was/w	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	of the regist liability cor s of the limi	istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
/	s/ Rob Jeffrey	Rob	b Jeffrey, Authorized Person
	ture of a member or authorized representative of a member		Printed or typed name of signee
provision the object of the ob	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change.	gree to act le performa led for in C I hereby co	nt in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signatu	re of Registered Agent Corporation Service Company	By: Gra	race E. Kirby, Assistant Vice President

## 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 o	of the limited liability company: LOFTON ISLA	AND GP LL	C	
2. (a) 304	0 Oasis Grand Blvd	(b)	3040 Oasis Grand Blvd	
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3rd Floor Administration Office		3rd Floor Administration Office	
	Fort Myers, FL 33916	<del></del>	Fort Myers, FL 33916	
1	12/23/2010	<del>-</del> -	L10000130858	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) N	IRAI SERVICES, INC			
	stered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:	
12	00 South Pine Island Road			
	stered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	<del></del>	
	· · · · · · · · · · · · · · · · · · ·			
Pla	antation, F	L <u>33324</u>	<del></del>	
(b) Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered Office address:				
120	01 Hays Street			
	V Registered Office Address:			
Tall	lahassee, F	L 32301		
the change of agent will be was/were au	or changes are made, the Florida street address or identical. Or, in the case of a Florida limited	of the regist liability cor of the limi	State of Florida, it is hereby confirmed that after ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.	
	bb Jeffrey	Rob	Jeffrey, Authorized Person	
Signature of	a member or authorized representative of a member		Printed or typed name of signee	
provisions of the obligation to merely re	of all statutes relative to the proper and completed one of my position as registered agent as provide flect a change in the registered office address, writing of this change.	e performa led for in C I hereby co	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been ace E. Kirby, Assistant Vice President	

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

INHS18 (2/14)