

L14000085865

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OCT 28 2014
T. CARTER

LLC RA/RO Change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IPX Laurel Trail LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roger Herman

Name of Person

Rosenblum Goldenhersh

Firm/Company

7733 Forsyth Blvd., 4th Floor

Address

St. Louis, Missouri 63105

City/State and Zip Code

rherman@rgsz.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roger Herman

Name of Person

at (314) 726-6868

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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: IPX Laurel Trail LLC

2. (a) 721 Emerson Road, Suite 100 (b) 721 Emerson Road, Suite 100

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
St. Louis, Missouri 63141
Attn: Susan W. Moriconi

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
St. Louis, Missouri 63141
Attn: Susan W. Moriconi

3. May 28, 2014 Date of filing/registration in Florida 4. L14000085865 Document number

5. (a) INCORP SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17888 67TH COURT NORTH
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

LOXAHATCHEE, FL 33470

(b) Susan W. Moriconi
Enter name of NEW Registered Agent and/or NEW Registered Office address:

14466 Laurel Trail
NEW Registered Office Address:

Wellington, FL 33414

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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.

Susan W. Moriconi
Signature of a member or authorized representative of a member

Susan W. Moriconi, Manager
Printed or typed name of signee

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.

Susan W. Moriconi
Signature of Registered Agent