

L160000200009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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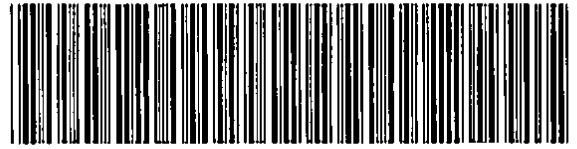
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 14 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAKE MEAD PARTNERS, 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:

Whitney Harper  
Name of Person

ADVOS legal pllc  
Firm/Company

5000 Sawgrass Village Circle, Suite 7  
Address

Ponte Vedra Beach, Florida 32082  
City/State and Zip Code

support@advoslegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Akin at (904) 567-5311  
Name of Person 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: LAKE MEAD PARTNERS, LLC

2. (a) LAKE MEAD PARTNERS, LLC (b) LAKE MEAD PARTNERS, LLC

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

209 PONTE VEDRA PARK DR

209 PONTE VEDRA PARK DR

PONTE VEDRA BEACH, FL 32082

PONTE VEDRA BEACH, FL 32082

10/28/2016

L16000200004

3. Date of filing/registration in Florida

4. Document number

5. (a) Solomon, Robin J  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

209 PONTE VEDRA PARK DRIVE

Ponte Vedra Beach, FL 32082

(b) ADVOS legal pllc  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Whitney Harper

NEW Registered Office Address:

5000 Sawgrass Village Circle, Suite 7

Ponte Vedra Beach, FL 32082

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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.

[Signature]  
Signature of a member or authorized representative of a member

Whitney Harper, Authorized Representative  
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 registering office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent