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SECRETARY OF STATE DIVISION OF CORPORATIONS

Cl 9-14



CSC - WTLMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 17, 2014

Order#: 409832-130

Re: LP FORT MYERS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

OUCA.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: LP FORT MY	ERS, LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12201 Bluegrass Parkway		
	Louisville, KY 40299		
	07/31/2007	M	07000004534
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System Registered Agent and Registered Office shown on the records	of the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<u> </u>
	1200 South Pine Island Road		SE S
	Plantation , I	FL33324	SECRETARE IN OF C
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Register 1201 Hays Street NEW Registered Office Address:	ed Office address	—————————————————————————————————————
			<u> </u>
	Tallahassee , ;	FL <u>32301</u>	
the cha agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the open ting agreement of the ture of a cember or authorized representative of a member	of the registere liability compa s of the limited ne limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. riebe, Authorized Person
I herei provisi the obl to mere notified	by accept the appointment as registered agent and a sons of all statutes relative to the proper and comple igations of my position as registered agent as provicely reflect a change in the registered office address, if in writing of this change. The of Register Agent Corporation Service Company	te performance ded for in Chap I hereby confir	Printed or typed name of signee with the capacity. I further agree to comply with the cof my duties, and I am familiar with and acceptoter 605, F.S. Or, if this document is being filed om that the limited liability company has been a Queppet, Asst. Vice President

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