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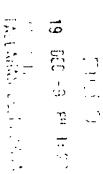
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
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Certified Copies	_ Certificates o	of Status
Special Instructions to F	Filing Officer:	

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JAN 1 1 2020 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: December 5, 2019

Order#: 076874/010

Re: LAK VENTURES, LLLP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz 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

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	LAK VENTURE	S, LLLP	 			
Name of Limite	ed Partnership or Limited I	Liability Lim	ited Partnership	p		
2. 08/11/2011		3 A1100000593		00593		
Date of filing/registration in Florida		Florida document number				
4. The name of the registered ages Department of State:	nt and the registered office	e address as s	hown on the re		19	
	Kazma, Gerald J,	director		 	哥	
Name				<u> </u>	٠.	
980 n federal hwy SUITE 315				ALL AHATS AT A FLORIDA	۵	
	· <u>·</u>	i."	至			
	BOCA RATON	FL	33432			
	City, State and 2	Zip			t: 2ô	
5. The name and Florida street add	dress of the new registered	l agent and/o	r office:	Ϊ×,	٠,	
(Corporation Service	Company	·			
·	Name					
	1201 Hays Str	reet				
Florida street address (P.O. Box not acceptable)						
	Tallahassee	FL	32301			
	City, State and 2	``~_				
6. Such change(s) is/are offective	when filed by the Florida I	Department o	of State.			
////						
Signature of General Partner Leigh-Anne Kazma, Authorized	Person On Rehalf Of I	AK FAMII Y	MANAGEME	NT IIC General	l Partner	
I hereby accept the appointment as					i amici	
comply with the provisions of all si	tatutes relative to the prop	er and comp	lete performand	ce of my duties,		
and I am familiar with an accept the Corporation Service	he obligations of my position Company	on as registe	red agent.			
Signature of Registered Agent Grace E. Kirby, Asst. Vice Pres	ident					
Filing Fee:	\$35.00					
Certified Copy (optional):	\$52.50					