

08/28/2017 15:57  
8/28/2017

(FAX)

P.001/003

Division of Corporations

**A 26 344**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: lgawlinski@lpiholdings.com

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**REGISTERED AGENT CHANGE  
LPI/H.D. MELBOURNE, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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AUG 30 2017  
J. HARRIS

08/28/2017 15:57

(FAX)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LPI/H.D. MELBOURNE, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A26344

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

Please return all correspondence concerning this matter to:

JENNIFER GAWLINSKI

Contact Person

LPI/KEY WEST ASSOCIATES, LTD.

Firm/Company

2614 TAMiami TRIAL NORTH, STE 632

Address

NAPLE, FL 34103

City, State and Zip Code

lgawlinski@lpiholdings.com

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

For further information concerning this matter, please call:

URS Agents, c/o Kanetha Bishop at ( 800 ) 587-4397

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

INHS04 (01/06)

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

Pursuant to the provisions of section 620.1113, 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. LPI/H.D. MELBOURNE, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 04/29/1988 3. A26344  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

S.K.R.L.D., INC.  
Name  
201 ALHAMBRA CIRCLE 1102  
Address  
CORAL GABLES, FL 33134  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or officer:

URS AGENTS, LLC  
Name  
3458 LAKESHORE DR  
Florida street address (P.O. Box not acceptable)  
TALLAHASSEE FL 32312  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

James Geeslin for Thomas E. Lewis  
Signature of General Partner

*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.*

K. Bishop Kenneth Bishop, Assistant Secretary  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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