6070000003Z

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(Address)
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PICK-UP WAIT MAIL
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LLPA chase



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09/13/13--01017--004 **35.00



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: September 11, 2013

Order#: 784856-265

Re: LSAC ORLANDO L.P.

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 Please return evidence to the following:

Attn: Vera M. Norris 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.

QUCA.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	LSAC OR	LANDO L.P.	•			_
Na	me of Limited Partnership or L	imited Liability Lii	mited Partner	rship		
2. 0	01/24/2007 3.			700000032		
Date of filing/registration in Florida Flo			Florida docu	da document number		
4. The name of the re Department of State:	gistered agent and the registere	d office address as	shown on th	e records of th	e Florid	la
	C T Corpora	ation System				
		ame		-		
	1200 South Pine Island Road			W		
	Ad	dress		_	1	0
	Plantation, FL 33324				ယ	ISIAID
	City, Sta	ite and Zip		_	岛	폴
5. The name and Flor	rida street address of the new re	gistered agent and/	or office:		SEP 13 AHII: 33	SS 30 ABVI
	Corporation Se	ervice Compan	ıy		*	25 C
	N	ame		_	•••	S A
	1201 Ha	ys Street			သ	SKOL 3
	Florida street address (P.O. Box not accep	table)	_		•
	Tallahassee	FL	32301			
	City, Sta	te and Zip		_		
6. Such change (st is/a	are effective when filed by the I	Florida Department	t of State.			
0260	-	•				
Signature of General I	Partner Dona Priebe, Authorize	- d Person on behalf	of LSAC Or	lando Manger	·LLC . i	its en
comply with the provi-	ppointment as registered agent of sions of all statutes relative to t in an accept the obligations of m on Service Company	and agree to act in the proper and com ty position as regist	this capacity	. I further ag	ree to	- 81
	Grace E. Kirby, Assis	tant VF				
Filing Fee:	\$35.00					
Certified Copy (o	optional): \$52.50					