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	To:		
		Division of Corporations	<u>~</u>
	From:	Fax Number : (850)617-6383	
			7
		Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP	8: 59
		Account Number : I19990000010	S
		Phone : (561)832-3300 Fax Number : (561)655-1109	Œ
PM 2: 13	anr	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**	
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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 620.1115, 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.

L YTG PALM BEACH IG NR, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. <u>12/10/2014</u> 3.B14000000279
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 Florid Department of State:
HERTZ, CLIFFORD I.
Name
ONE NORTH CLEMATIS ST., SUITE 500
Address
WEST PALM BEACH, FL 33401
City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
Name
360 SOUTH ROSEMARY AVENUE, SUITE 1410
Florida street address (P.O. Box not acceptable)
WEST PALM BEACH FL 33401
City, State and Zip
6. Such change(s) is/are effective when filed by the Florida Department of State.
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 an accept the obligations of my position as registered agent. Signature of Registered Agent
Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETÁRY OF STATE DIVISION OF CORPORATIO