

Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**REGISTERED AGENT CHANGE
LIFE GROWTH FUND II, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$35.00

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GEORGE W. B. JONES
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
TALLAHASSEE
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Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LFE Growth Fund II, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B17900000060

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:

Contact Person

Firm/Company

Address

City, State and Zip Code

Kellie elfe capital.com

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

For further information concerning this matter, please call:

Name of Contact Person at () 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

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

**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. <u>LFE GROWTH FUND II, L.P.</u>	
Name of Limited Partnership or Limited Liability Limited Partnership	
2. <u>03/03/2017</u>	3. <u>B17000000060</u>
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:

<u>CT CORPORATION</u>
Name
<u>1200 S PINE ISLAND RD</u>
Address
<u>PLANTATION, FL 33324</u>
City, State and Zip

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

<u>CT Corporation Systems</u>
Name
<u>1200 South Pine Island Road</u>
Florida street address (P.O. Box not acceptable)
<u>Plantation, FL 33324</u>
City, State and Zip

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

Isrie L. L. L. Manager LFE Capital GP LLC
Signature of General Partner His Manager

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.

Kristin Bolden
Signature of Registered Agent Assistant Secretary

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

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TALLAHASSEE, FL
STATE DEPARTMENT OF REVENUE