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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

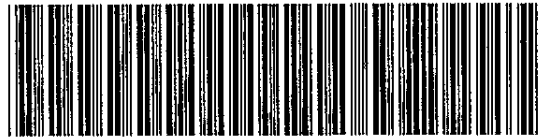
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Akerman Senterfitt
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Fort Lauderdale
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Citrus Center, 17th Floor
255 South Orange Avenue
Orlando, Florida 32801-3483

Post Office Box 231 mail
Orlando, Florida 32802-0231

www.akerman.com

407 843 7860 tel 407 843 6610 fax

December 14, 2004

Rebecca S. Matz
407 419 8419
RMatz@akerman.com

Via Federal Express
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Change of Registered Office/Agent

Dear Sir or Madam:

Enclosed herewith please find the following:

1. One (1) Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both, for filing on behalf of Fun 'N Wheels, Ltd.;
2. Twenty-Seven (27) Statements of Change of Registered Office or Registered Agent or Both for Corporations, together with a cover sheet list of the "Corporations" for which the Statements are provided for filing;
3. Fifteen (15) Statements of Change of Registered Office or Registered Agent or Both for Limited Liability Company, together with a cover sheet list of the "Limited Liability Companies" for which Statements are provided for filing; and
4. Our check no. 154108 in the amount of \$1,355.00 to cover the cost of filing of the aforementioned Statements as follows: 28 @ \$35 = \$980 (limited partnership & corporations); 15 @ \$25 = \$375 (limited liability companies).

Amendment Section
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Please do not hesitate to call me with questions concerning this matter. Thank you in advance for your assistance.

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Very truly yours,

AKERMAN SENTERFITT

Rebecca S. Matz

Rebecca S. Matz

For the Firm

cc: Mr. Steven R. Strayhorn (w/o encls.)
Martha A. Hartley, Esq. (w/o encls.)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned "limited" liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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1. The name of the limited liability company: LN GROUP, LLC
2. The mailing address of the limited liability company is: 9801 Lake Nona Road, Orlando, FL 32827
3. Date of filing/registration in Florida: 02/26/2002
4. Document number: L02000004639
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

A.G.C. CO.
200 S. Orange Ave., Ste. 2300
Orlando, FL 32801

6. The name and address of the new registered agent and/or registered office:

American Information Services, Inc.
255 S. Orange Ave., Ste. 1700
Orlando, FL 32801

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

TAVISTOCK CORPORATION

By: _____

(Signature of a member or authorized representative of a member)

RASESH THAKKAR - President
(Printed or typed name of signee)

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 obligation of my position as registered agent, as provided for in Chapter 608, F.S. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Rebecca S. Matz
(Signature of Registered Agent)

11-16-04
(Date)

If signing on behalf of an entity:

Rebecca S. Matz
(Typed or Printed Name)

Assistant Secretary
(Capacity)

*** * * FILING FEE: \$25.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314