## L09000101119

(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
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DIVISION OF CHAPTON ATTOMS

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CL, 15



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425/028

Re: LID LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1.	Na	me of the limited liability company: LID LLC			
2.	(a)	7995 Mahogany Run Lane	_ (b)	7995 Ma	ahogany Run Lane
	(")	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (8)		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Naples FL 34113	_	Naples, Fl	L 34113
		10/20/2009		L09000101	1119
3.		Date of filing/registration in Florida	4.	i	Document number
5.	(a)	William G. Morris			
٥.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:	
		247 N COLLIER BLVD, Suite 202			
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)		
		Marco Island , FL_	34145		DIVISION 15 MAR
	(b)	Corporation Service Company			7 2 TA
	(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	ress:	<u> </u>
					<b>P</b> 200 - <b>3</b> 20 20 - <b>3</b> 20 20 - <b>3</b> 20 20 - <b>3</b> 20 20 - <b>3</b> 20 20 20 20 20 20 20 20 20 20 20 20 20
		1201 Hays Street			
		NEW Registered Office Address:			04:1
		Tallahassee , FL	32301		
th ag wa	e cha ent v as/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the limi limited li	tered office mpany, it is ited liability ability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
_	Signa	ture fa member of authorized representative of a member			Printed or typed name of signee
pr th to	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act performa I for in C ereby co	in this capa ince of my d hapter 605, infirm that ti	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
S	gratu	re O Registered Agent Corporation Service Company	BY: Sy	lvia Quepr	oet, Asst. Vice President

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00