1100000 80830

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		·			

Office Use Only



800323216168

01/14/19--01008--006 **25.00



7-19

COVER LETTER

TO:	Registration Section Division of Corporations	,			
SUBJ					
	Nar	ne of Limited Liability Company			
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning the	nis matter to the following:			
Arthu	ır J. Lee, MGRM				
	Name of Person	······································			
Lee V	Vesley Group, LLC				
	Firm/Company				
Post	Office Box 540687				
	Address				
Orlan	ndo, FL 32854				
	City/State and Zip Code				
brand	don.lee@leewesley.com				
F	E-mail address: (to be used for future an	nual report notification)			
For fu	rther information concerning this matter	, please call:			
Brand	don W. Lee	407 428-9559			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
	Enclosed is a check for the following amount:				
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

L Na	ame of the limited liability company: LWN Panda,	LLC		
2. (a)	1030 N. Orange Avenue	((b) F	Post Office Box 540687
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	· · · / _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 104		0	Orlando, FL 32854
	Orlando, FL 32801	_		
	08/02/2010		L1	10000080830
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Hatcher, Stephen BESQ.			
3. (u)	Registered Agent and Registered Office shown on the records of	the Florie	da De	ept. of State:
	315 E. Robinson Street			٠ . ڪُ
	Registered Office Address (MUST BE FLORIDA STREET) Suite 600	ADDRES	55)	Palla JAM I PH 3: 28 TALLAHAS SEE, FLORIG
	Orlando	32801	1	
(b)	Marcia S. Babione, CPA Enter name of NEW Registered Agent and/or NEW Registered Babione Keuhler & Co	l Office a	ddres	ess:
		···-		
	NEW Registered Office Address: 4060 Edgewater Drive			
	-toto Eugewater Drive			
	Orlando , FL	<u>32804</u>	1	
signa I here provisithe oblito mer	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liture of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change.	f the reg ability of of the linited Ar	ister comp mited liab thur	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. If J. Lee, MGRM Printed or typed name of signee In this capacity. I further agree to comply with the

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

Signature of Registered Agent