## LIDDODDIDUZAS

(Re	questor's Name)					
(Ad	dress)					
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(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
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Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
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SECRETARY OF STAFF

RA RD Chy 105.5.15



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: April 24, 2015

Order#: 584184/064

Re: LAKE POINTE REAL ESTATE, LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

X 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.

	Principal office address of lin					
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			<del>-</del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Westbury	N\ 11590				
	09/24/2010		L10	0000100293		
3.	Date of filing/registra	tion in Florida	4.	Document number	•	
5. (a)	C T CORPORATION SYST	EM				
. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1200 SOUTH PINE ISLAND	ROAD				
	Registered Office Address (MUS	T BE FLORIDA STREE	ET ADDRESS)			
	PLANTATION		FL_33324		DIVISH BEC	
(b)	Corporation Service Compan	у			CRETARION OF	
	Enter name of NEW Registered Age	nt and/or <u>NEW Register</u>	red Office address:		<b>∞</b> 593 €	
	1201 Hays Street				F SIAI PORAI	
	NEW Registered Office Address:				<b>5</b> 0	
	Tallahassee	,	FL 32301	, , , , , , , , , , , , , , , , , , ,		
he cha agent v was/w he arti	limited liability company is not ange or changes are made, the F will be identical. Or, in the case ere authorized by an affirmative icles of organization or the oper	lorida street address e of a Florida limited e vote of the member rating agreement of t	of the registered I liability compares of the limited I the limited liabili	I office and the business on the property, it is hereby confirmed iability company or as of the company.  The property is a subject to the property is a subject	office of the registered that the change(s) herwise provided in	
	nture of an ember or authorized represe			Printed or typed name	5	
provisi he obi o mer	by accept the appointment as re ions of all statutes relative to th ligations of my position as regis ely reflect a change in the regis d in writing of this change.	egistered agent and e e proper and comple tered agent as provi tered office address,	agree to act in the ete performance ided for in Chapt , I hereby confirm	is capacity. I further agr of my duties, and I am far er 605, F.S. Or, if this do n that the limited liability	ree to comply with the miliar with and accep ocument is being filea ocompany has been	