## 110000121922

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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	SUBJECT: 4122 LAKESPUR, LLC  Name of Limited Liability Company						
	Nan	ie of Limitea	Crabiniy Company				
Dear S	ir or Madam:						
The en	iclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to th	ne following:				
TRUI	DY DODSON, FRP						
	Name of Person		<del></del>				
O'CONNELL & CRISPIN ACKAL, PLLC							
	Firm/Company	·	<del></del>				
420 F	Royal Palm Way, Suite 300						
	Address						
Palm	Beach, Florida 33480						
	City/State and Zip Code						
tdods	son@OCAlawyers.com						
E-mail address: (to be used for future annual report notification)							
For fur	rther information concerning this matter.	please call:					
Trudy	Dodson	561 at (	855-2193				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	! [ ]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compsubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

I. Na	me of the limited liability company: 4122 Lakesp	ur L.L.C.	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	515 North Flagler Drive 20th Floor		
	West Palm Beach, Florida 33401	<del></del>	
	11/24/2010	L10	0000121922
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (u)	Registered Agent and Registered Office shown on the records of BRIAN M. O'CONNELL, ESQ.	the Florida Dep	ot, of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	515 North Flagler Drive 20th Floor	<del>-</del>	
	West Palm Beach . FL	33401	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	()65	AMII: 03
	Enter name of NEW Registered Agent and/or NEW Registered	Onice address	
	BRIAN M. O'CONNELL, ESQ.		<i>inj</i> <b>ω</b>
	NEW Registered Office Address:		<del></del>
	420 Royal Palm Way, Suite 300		
	Palm Beach	33480	
	, f <sup>1</sup> 1.	·	<del></del>
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liber authorized by an affirmative vote of the members called of organization or the operating agreement of the	f the registere ability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	ure of member or authorized representative of a member		STY L. PETERSON, TTEE, MGR
Signat	ture of a member or authorized representative of a member		Printed or typed name of signce
provisi the obl to mere	by accept the appointment as registered agent and aground of all statutes relative to the proper and complete in the proper and complete in the proper and complete in the registered agent as provide ly reflectly change in the registered office address, I do not in writing of this change.	ree to act in t performance d for in Chap hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu	re of Registered Agent		