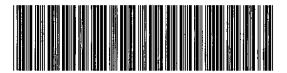
L10000129031

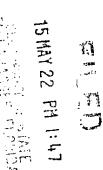
(Requestor's Name)				
(Address)				
(Address)				
, ,				
(City(Chaba)/Ziv(Chaba)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions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

Office Use Only



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MAY 28 2015 C MCNAIR



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper

ami.casper@cscqlobal.com

Date: May 20, 2015

Order#: 589522/065

Re: LAUREN II, 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.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper

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

15 HAY 22 PH 1: 4

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. Name of the limited liability company: LAUREN II, LLC

2. (a) 1170 Massey Street (b)

2. (a)	1170 Massey Street	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34120		
	12/17/2010	L1000012	29031
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Michael R. Stevens		9 3
,	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of State	• ===
	1170 Massey Street		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	N
	Naples , FL_	34120	
(b)	Corporation Service Company		iĝim 🗀
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:	
	1201 Hays Street		
	NEW Registered Office Address;		
			
	Tallahassee , FL_	32301	
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registered office pility company, it is the limited liability mited liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. uthorized Person
Signa			Printed or typed name of signee
I here provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided j ely reflect a change in the registered office address, I he	e to act in this cape erformance of my o for in Chapter 605, reby confirm that t	icity. 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

notified in writing of this change in the registered office dudiess, I nevery confirm that the financial registered of the change in writing of this change in writing of this change in the registered office dudiess, I nevery confirm that the financial registered of the registered o