Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:

LLC REGISTERED AGENT CHANGE LEXIERE, LLC

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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. N	ame of the limited liability company: LEXIERE	LLC	>				
2. (a)	7901 4TH ST N STE 300	(b) 7901 4TH ST N STE 300					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ((/	Jailing address of lin	mited liab	ility con	
	ST PETERSBURG, FL 33902	-	ST PETE	ERSBURG, FL	_ 3390	2	
	09/12/2012		L120001	16977			
3,	Date of filing/registration in Florida	4.		Document numb	ær		
5. (a)	FLORIDA REGISTERED AGENT LLC						
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept of State	!			
	7901 4TH ST N STE 300						
	Registered Office Address	(DDRESS	<u> </u>				
					<u>.</u> .	2019	
	ST PETERSBURG FI	33902	2		in The The	7F 61	
(b)	Registered Agents Inc.) # () ; () ; () ;	TI NYF I	-
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress.	•	() ()	> X	17
	7901 4th St N					AH 11: 05	
	NEW Registered Office Address		······································		<u>.</u>	S	
	STE 300	<u>.</u> .					
	St. Petersburg	33702	2				
the cha agent was/w	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 lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reginability confirmated	stered office ompany, it is nited liability	and the busines hereby contirm y company or as	s office ed that t	of the the cha	registered ngc(s)
Siena	ture of a member or authorized representative of a member		ey Paik	Printed or typed na	me of sig	лее	
I here provis the object to mer natifie	hy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. Bill Havre - Assistant agent	perjorm d for in (hereby c	ance of my a Chapter 605 onfirm that	acity. I further a	eree to	comply	with the nd accept eing filed is been