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| PICK-UP WAIT MAIL | | | | | | | | | |
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| (Business Entity Name) | | | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | | | |
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 29, 2014

Order#: 433475/006

Re: LA 45 EQUIPMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Lindsey Lockard

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.

| 1. N | ame of the limited liability company: | LA 45 EQUIPM | ENT, LLC | - | | | | |
|---------------------------------------|--|--|--|---|---|----------------------------------|--|---------------------------------|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5955 T G Lee Blvd. Suite 500 | | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 350 Windward Drive | | | | |
| | | | | | | | | |
| | Orlando FL | 32822 | | Orchard | Park, NY 14127 | | | |
| | 12/19/2012 | | | L1200015 | 8739 | | | |
| 3. | Date of filing/registration i | n Florida | 4. | | Document number | • | | |
| 5. (a) | Stewart H. Lapayowker, P.A. | | | | | | | |
| . , | Registered Agent and Registered Office sho | own on the records of | the Florida | Dept. of State | : :: | | | |
| | 5360 NW 20th Terrace Suite 205 | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | • | | | |
| | | | | | | | | |
| | Fort Lauderdale | , FL | 33309 | | | ₽ _{cc} | | |
| (b) | Corporation Service Company | | | | | ¥03 |)30 7 | 7. |
| | Enter name of <u>NEW Registered Agent</u> and | l/or <u>NEW Registered</u> | Office add | ress: | | 正 (本で、 (SS) (| ယ် | 14 april 1 |
| | 1201 Hays Street | | | | | ς; . | P | * * |
| | NEW Registered Office Address: | | | | | | 3: 0 9 | |
| | Tallahassee | , FL | , 32301 | | | | | |
| the ch agent was/w the arr | limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a vere authorized by an affirmative vote ticles of organization or the operating | a street address of Florida limited li- tof the members of agreement of the | the regis ability co of the limi limited li | tered office mpany, it is ted liability ability com | e and the business of s hereby confirmed y company or as otl | office of that the herwise | the regis change(provided | stered (s) |
| provis the ob to mei notifie | eby accept the appointment as registerions of all statutes relative to the problem of my position as registered rely reflect a change in the registered and in writing of this change. The problem of Registered Agent Corporation Services | per and complete l agent as provide l office address, I | performa d for in C hereby co | ince of my d hapter 605 nfirm that | acity. I further agr duties, and I am fan i, F.S. Or, if this do the limited liability pet, Asst. Vice Pr | niliar w ocument compar | mply wit ith and a is being ny has be | h the iccepi filed ien |

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