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COVER LETTER

INHS18 (2/14)

то:	Registration Section Division of Corporations	
SUR.	JECT:L	LSG HOMES, LLC
0011		of Limited Liability Company
Dear	Sir or Madam:	
The e	enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this n	natter to the following:
	Name of Person	
	Firm/Company	
	Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual	report notification)
For fu	urther information concerning this matter, ple	Name of Limited Liability Company tered Office Change and fee(s) are submitted for filing. terning this matter to the following: p Code uture annual report notification) is matter, please call: at (
	Name of Person	
	STREET/COURIER ADDRESS: Registration Section	Registration Section
	Division of Corporations Clifton Building	
	2661 Executive Center Circle Tallahassee, Florida 32301	
	Enclosed is a check for the following am	ount:
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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.

. N	ame of the limited liability company: LSG HOMES, L	LC	
(a)	1204 Country Club Drive, Wake Forest, FL 27587 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/18/2013 Date of filing/registration in Florida	L13000/	040928 Document number
(a)	Registered Agent and Registered Office shown on the records of the		
	1204 Country Club Drive		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	
	Wake Forest , FL_	27587	
(b)	InCorp Services, Inc.		_ 55
	Enter name of NEW Registered Agent and/or NEW Registered O	Mice address:	
	17888 67th Court North		2 2
	NEW Registered Office Address:		- SS
	Loxahatchee .FL	33470	
	, PL	······································	
cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liabing authorized by an affirmative vote of the members of the cless of organization or the operating agreement of the limited liabing.	ne registered offi ility company, it the limited liabil mited liability co	ice and the business office of the registere t is hereby confirmed that the change(s) lity company or as otherwise provided in
ignat	ure of a member or authorized representative of a member		Printed or typed name of signee
visia obli ngre	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided by Iv reflect a change in the registered office address, I her in writing of this change.	rformance of m	iv duties, and I am familiar with and acces
U) natur	Dawn Hunter on behalf of Incorp Services,	inc.	