L13000100594

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SECRETARY OF STATE

Ch. B



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425/026

Re: LELY OP 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:Janis M. Smith 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.	Na	me of the limited liability company: <u>LELY OP, LLC</u>		
2	(a)	7995 Mahogany Run Lane	(h	b) 7995 Mahogany Run Lane
٠.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Naples FL 34113	-	Naples, FL 34113
		07/16/2013		L13000100594
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	William G. Morris		
٠.	(4)	Registered Agent and Registered Office shown on the records of the	he Florida	la Dept, of State:
		247 N COLLIER BLVD, Suite 202		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>S)</u>
		Marco Island , FL	34145	5
	(b)	Corporation Service Company		MAR 2
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ddress:
		1201 Hays Street		
		NEW Registered Office Address:		
		Tallahassee , FL	32301	1
th ag w	e cha gent v as/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regisability confit the limited l	istered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company. In a Priebe, Authorized Person
	Signa	ture if a member of authorized representative of a member		Printed or typed name of signee
pr th to	ovisi e obl mere	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act perform I for in C nereby co	A in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been
S	ignatu	re D Registered Agent Corporation Service Company	BY: Sy	Sylvia Queppet, Asst. Vice President

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