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To:			
	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
	Account Name : REGISTERED AGENTS INC.		
	Account Number : I20090000081	$\mathcal{F}_{\mathcal{C}}$	
	Phone : (307)200-2803		3
	Fax Number : (855)330-1010	CECUETA SECUETA	<u> </u>
		ASS. C]),
**Enter the e	mail address for this business entity to be used for futu	ure 1	
annual i	report mailings. Enter only one email address please.** 📑	F0 7	ר) י [ד]
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Email Ad	ldress:	STAI	`_
	LLC REGISTERED AGENT CHANGE	. 7	

LISPENARD 4E LLC

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S. PRATHER

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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. Na	ame of the limited liability company: LISPENA	ARD 4E LLO	C		
2. (a)	7901 4th St N	(b) 7901 4	(b) 7901 4th St N		
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE 300	STE 30	00		
	St. Petersburg FL 33702	St. Pete	ersburg FL 33702		
	09/09/15	L15000	154178		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a)	CORPORATION SERVICE COMPANY				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	te:		
	1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2021 DEC -7		
	TALLAHASSEE .FI	32301	EC -7		
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:	7 PH 1: 47 Y OF STATE EE, FLORIDA		
	7901 4th St N		TE RIDA		
	NEW Registered Office Address:		_		
	STE 300		-		
	St. Petersburg	33702	_		
the cha agent was/w	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered offic hability company, it of the limited liabili	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change. Bill Havre - Assistat	e performance of my ed for in Chanter 60	s duties, and 1 am familiar with and accep)5. F.SOr, if this document is being filed		
Signati	ire of Registered Agent				

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