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IMIDSOLOMON

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:	LAKEC	CI, LLC				
2. (a)	Principal office address of limited liability company:	(p)	Mailing address of limited liat (Note: MAY BE POST OF	nility comp	any:	
	(Note: MUST BE STREET ADDRESS) 1 OLYMPIC PLACE, SUITE 1240		1 OLYMPI	IC PLACE, SUITE 1240	TIXERY	υ ·	
	TOWSON, MD 21204		TOWSON	, MD 21204			
	03/28/2016		[.160000604	75			
3.	Date of filing/registration in Florida SHAPIRO, ROBERT LEE	4.		Document number			
5. (a	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	· ::			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2401 PGA BOULEVARD, STE 280B				•	2019 DEC	
	PALM BEACH GARDENS, FI	33410		_		813	•
(6)	C T Corporation System				12.	PH	1
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	uldress:	-		2: 28	
	NEW Registered Office Address:			-			
	1200 South Pine Island Road	_		_			
	Plantation, F	L_33324		_			
the ci	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iws of the replication of the liability of the liability	ne State of Fl gistered offic company, it i imited liabilit d liability cor	e and the outiness offices s hereby confirmed that ty company or as otherw	the chan	egistereu ge(s)	
	nature of a member or authorized representative of a member		<u>. </u>	Printed or typed name of si			
the or to me notifi By:	teby accept the appointment as registered agent and as sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the proper and complete in the registered office address. It is a change in the registered office address. It is a change in the registered office address. It is a change in the registered office address. It is a change in the registered office address. It is a change in the registered office address.	ed for it	Chapter 60.	vacity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability con Assistant Secretary	ecomply ir with ar wit is be pany ha	with the ad accept ing filed s been	

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