

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
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Fax Number : (813) 229-4133

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LLC REGISTERED AGENT CHANGE
INVERRARY MP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE

JAN 16 2019

EXAMINER

**CARLTON
FIELDS**

Corporate Center Three at International Plaza
4221 W. Boy Scout Boulevard | Suite 1000
Tampa, Florida 33607-5780
P.O. Box 3239 | Tampa, Florida 33601-3239

FAX COVER SHEET

Date:	January 15, 2019	Phone Number	Fax Number
To:	Florida Div. of Corporations	850.245.6052	850.617.6383
From:	Lynore Redding	813.229.4374	813.229.4133

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Message:

Inverrary MP, LLC - (((H19000017297 3)))

Please see the attached Electronic Filing Cover Sheet and LLC Registered Agent Change.

Thank you,
Lynore

2019 JAN 15 AM 9:19

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The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (if long distance, please call collect) and return the original message to us at the above address via the U.S. Postal Service. Thank you.
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Carlton Fields Jordan Burt, P.A. practices law in California through Carlton Fields Jordan Burt, LLP.

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. Name of the limited liability company: Lawrence, MD, LLC
2. (a) 120 South 6th Street, Suite 2050
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Minneapolis, Minnesota 55402
- (b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. December 21, 2018
Date of filing/registration in Florida
4. L18000291114
Document number
5. (a) CF Registered Agent, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
100 S. Ashley Drive, Suite 400
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa, Florida 33602-5300
_____, FL _____
- (b) CF Registered Agent, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
100 S. Ashley Drive, Suite 400
Tampa, Florida 33602-5300, FL _____

2019 JAN 15 AM 9:19
FILED
TAMPA, FLORIDA
CLERK OF CIRCUIT COURT

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Laurel E. Lockett, Authorized Representative

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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