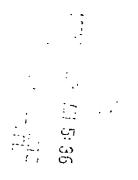
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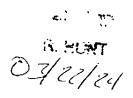
Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

Registration Section **Division of Corporations** LGDA at Tennessee, LLC SUBJECT: ___ Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kylie Conrad & Kayla King Name of Person Corpt, Inc. Firm/Company 7700 E Arapahoe Rd Ste 220 Address Centennial, CO 80112 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 823-9273 720 Kylie Conrad Area Code & Daytime Telephone Number Name of Person Mailing Address: **Street Address:** Registration Section **Registration Section** Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy \$25 Filing Fee

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: LGDA at Tennes	see, LLC		
2. (a)	3872 NW 126TH AVENUE	(t	3872	NW 126TH AVENUE
(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)
	CORAL SPRINGS, FL 33065	_	CORA	I. SPRINGS, FL 33065
			LI	900006/255
3. 5. (a)	Date of filing/registration in Florida GRAEF, LUIS	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of 3872 NW 126TH AVENUE	the Florida	a Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>S)</u>	
	CORAL SPRINGS	L_33065		
(b)	Registered Agents Inc			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ac	loress:	· · ·
	7901 4th St N			
	NEW Registered Office Address:			
	Ste 300			- 36 - 36
	St. Petersburg, F	L_33702_		
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the 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 LUIS GRAEF	e register lability co of the lin limited	ed office impany, nited lia	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
	dure of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obt to mer	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 d'in writing of this change.	ree to acc e perform ed for in (hereby c	t in this ance of Chapter onfirm t	canacity I further agree to comply with the
	vid Roberts			
Signatu	ire of Registered Agent			