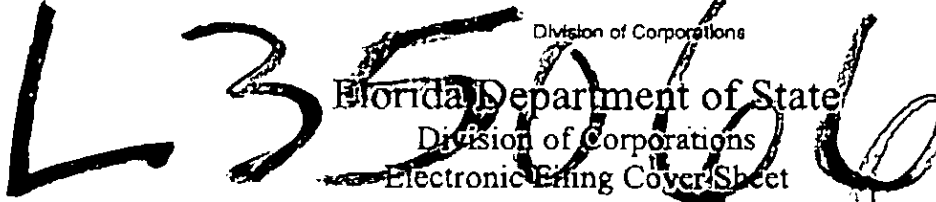


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(FAX)

P.001/004

8/23/2017



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(((H17000225855 3)))



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Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jgawlinski@lpiholdings.com

**REGISTERED AGENT CHANGE
LPI/KEY WEST, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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P.002/004



August 24, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LPI/KEY WEST, INC.
1850 SE 17TH ST CSWY
UNIT 305
FORT LAUDERDALE, FL 33316US

SUBJECT: LPI/KEY WEST, INC.
REF: L35066

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

THE PERSON SIGNING MUST INDICATE WHETHER THEY ARE A POWER OF ATTORNEY OR AN AUTHORIZED SIGNER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H17000225855
Letter Number: 217A00017442

(((H17000225855 3)))

COVER LETTER

TO: Amendment Section
Division of CorporationsSUBJECT: LPI/KEY WEST, INC.
Name of CorporationDOCUMENT NUMBER: L35066

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER GAWLINSKI

Name of Contact Person

LPI/KEY WEST, INC.

Firm/Company

2614 TAMiami TRIAL NORTH, STE 632

Address

NAPLES, FL 34103

City/State and Zip Code

jgawlinski@lpiholdings.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 800 567-4397

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H17000225855 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LPI/KEY WEST, INC.
2. The principal office address: 247 AIRPORT PULLING ROAD S. NAPLES, FL 34104
3. The mailing address (if different): 2614 TAMiami TRAIL NORTH, SUITE 632
NAPLES, FL 34103
4. Date of incorporation/qualification: 12/11/1989 Document number: L35066
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

THOMAS E. LEWIS

2614 TAMiami TRL N., #632

NAPLES, FL 34103

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC

3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jim Geeslin for Thomas E. Lewis, Authorized Signer

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

8/23/2017

Date

If signing on behalf of an entity:

Kimberly Rogers, Vice President
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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