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(Address)						
(Address)						
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(Document Number)						
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: October 4, 2016

Order#: 296685/194

Re: T LAKES L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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	me of the limited liability company: TLAKES L.C.			
2	(a)	111 WESTWOOD PLACE SUITE 400	(b))	
۷,	(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)
		BRENTWOOD, TN 37027			
		06/29/1995		L950000	00502
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			_
	` ,	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Stat	e:
		1200 SOUTH PINE ISLAND ROAD			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	
		PLANTATION , F	FL 33324	1	- 28
	(b)	Corporation Service Company			
	(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:	
					5
		1201 Hays Street			
		NEW Registered Office Address:			MIS OCT -6 P 1: 34 MALLAHASSEE FLORIDA
		Tallahassee , i	FL_32301	<u></u>	_
th ag w th	e cha gent v as/we as arti	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the true of a premer or authorized representative of a member by accept the appointment as registered agent and a completions of all statutes relative to the proper and completions of all statutes relative to the proper and completions.	of the regi liability co s of the lin he limited	stered offic ompany, it nited liabili liability con Cilmi, Auth	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Orized Person Printed or typed name of signce
ne	опуне	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change. The of Registered Agent Corporation Service Company			irby, Assistant Vice President
		Division of Cornerations P.O). Box 632	7● Tallaha	ssee. FL 32314