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Division of Corporations

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## LLC REGISTERED AGENT CHANGE LINDSAY-RIALTO, LLC

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To:

## 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

I. Na	ime of the limited liability company: Lindsay-Rialto, I	Л.С		
			b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited fiability company: oNate: MAY BE POST OFFICE BOX)
	3450 COUNTY ROAD 101		3450 COUNTY ROAD 101	
	MINNETONKA, MN 55345		MINNET	FONKA, MN 55345
	04 03/2003		M0300000	11065
3.	Date of filing/registration in Florida	4,		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florie	ia Dept. of St	ate:
	FITZGERALD, Jean			
	Registered Office Address (MUST BE FLORIDA STREET.	<u>ADDRES</u>	<u></u> <u>'Sj</u>	— ————————————————————————————————————
	204 PAMETO ROAD			2023
	Nokomis, FI	34275		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
41.5	C T Corporation System			•
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ldress:	<del></del>
	-			2: 11 Politic
	NEW Registered Office Address:			···
	1200 South Pine Island Road		· · · ••	_
	Plantation , F1.	33324		
he cha igent w was/we he@gy	mited liability company is not organized under the layinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liarce authorized by an affirmative vote of the members of organization or the operating agreement of the	the reg ability c of the lir limited	istered offic ompany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
<del>िहाहुत्राप्त</del>	The of Timember or authorized representative of a member			Printed or typed name of signee
rovisi he obli o mere	by accept the appointment as registered agent and agreement on a full statutes relative to the proper and complete ignitions of my position as registered agent as provided by reflect a change in the registered office address, I writing of this change.	perforn d fór in hereby c	iance of my Chapter 60 soufirm that	v duties, and I am familiar with and accept 15. F.S. Or, if this document is being filed
By:	C T Corporation System by Kaity Toon, Ass	si Sec	4	and Jours
Signatui	e of Registered Agent		1 11	M