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SECRETARY OF STATE

AUG 2 4 2015

**S MASON** 



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: August 19, 2015

Order#: 732525-010

Re: LOWCOUNTRY BLOCK, LLC

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 Please return evidence to the following:

Attn: April Pagliassotti c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

To: 13026365454

## 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.

	535 Stiney Road	(b)	P O Box 485		
	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Hardeeville SC 29927		Hardeeville	SC 29927	
	01/18/2005		M05000000250		
	Date of filing/registration in Florida	4.	Docum	ent number	
. (a)	C T Corporation System				
. (a)	Registered Agent and Registered Office shown on the reco	ords of the Florida D	ept. of State:		
	-		•		
	1200 South Pine Island Road  Registered Office Address MUST BE FLORIDA STR	PEFT ADDRESS	<u></u>		
	REGISTER OF THE PROPERTY OF TH	and			
	Plantation	FT 33324	<del></del>	**************************************	
		, I L		ARE I	
(b)	Corporation Service Company			10.5	
(0)	Enter name of NEW Registered Agent and/or NEW Regi	istered Office addre	253;	922 - <u></u>	
				T T T	
	1201 Hays Street			STA STA	
	NEW Registered Office Address:			P 12: Ou F STATE FLORIDA	
	Tallahassee	_, FL <u>32301</u>			
	imited liability company is not organized under the same or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit	ess of the register ted liability comp bers of the limite	red office and the pany, it is hereby d liability compai	business office of the registe confirmed that the change(s)	
ent v	ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	~~~~			
ent v as/w e arti	icles of organization or the operating agreement of	~~~~	CPH MYO	r typed name of signee	