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D. BRUCE

OCT 31 2011

EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: LP WINTER	PARK, LLC		_
2. (a) Principal office address of limited liability comp	pany;		
(Note: MUST BE STREET ADDRESS)	12201 BLUEGRASS PARKWAY LOUISVILLE KY 40299		-
(b) Mailing address of limited liability company:	·		
(Note: MAY BE POST OFFICE BOX)	LOUISVILLE KY 40299		
7/31/2007	M07000004528		
3. Date of filing/registration in Florida	4. Document number	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept	, of State:	
Registered Agent:	REGISTERED AGENT SOLUTION		_
Registered Office Address:	155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE FL 32301		
	THERMINGSER TO, 32301	<i>P</i> (:: = 1	··
(b) Enter name of NEW Registered Agent and/or i	NEW Registered Office address:	·	······································
NEW Registered Agent:	C T Corporation System	SSR CO	. 「
NEW Registered Office Address:	1200 South Pine Island Road	me 3	_[]
(MUST BE FLORIDA STREET ADDRESS)	Plantation	193324	- • -
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability company or as of the operating agreement of the limited liability company.	ne Florida street address of the regi dentical. Or, in the case of a Florid ge(s) was/were authorized by an af- therwise provided in the articles of	stered office la limited firmative vote	
Katie Szrumek			
Printed or typed name of signee	•	a .	
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiair with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filled to address, I hereby confirm that the limited liability compC T Corporation System Signature of Registered Agent Assistant	nd agree to act in this capacity. If a proper and complete performance proper and complete performance position as registered agent as position as registered agent as position and the regionary has been notified in writing of the Bolden t Socretary	further agree to e of my duties, ovided for in istered office f this change.)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00