mo7000004528

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| :: · Office Use Only | | | | |



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12/19/14--01022-014 **25.00

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LLC RACH

12-29-1K



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 17, 2014

Order#: 409832-315

Re: LP WINTER PARK, 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: Lindsey Lockard 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

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. N | Name of the limited liability company: LP WINTER P | ARK, LLC | |
|-------------------------|---|---|--|
| 2. (a) | | (b) | |
| • • | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 12201 Bluegrass Parkway | _ | |
| | Louisville, KY 40299 | | |
| | 07/31/2007 | | M07000004528 |
| 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 the Florida Dept. of State: | | |
| | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | 1200 South Pine Island Road | | |
| | Plantation , F | L 33324 | <u> </u> |
| (b) | | | |
| | | | <u>s</u> : |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office addres | <u>s</u> : |
| | 1201 Hays Street | | . ` |
| | NEW Registered Office Address: | | |
| | | | <u>- </u> |
| | Tallahassee , FI | L_32301 | |
| he ch gent vas/w | limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | f the register iability comp of the limited | ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in |
| <u>C'</u> | ()00 | Dona P | riebe, Authorized Person |
| | ature of describer or authorized representative of a member | | Printed or typed name of signee |
| rovis he ob o mei | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. | ree to act in a e performance ed for in Cha hereby confi | this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been |
| Signat | ure of Register Agent Corporation Service Company | BY: Sylvi | a Queppet, Asst. Vice President |