## M07000004535

(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:					





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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: Lindsey Lockard llockar2@cscinfo.com

Date: December 17, 2014

Order#: 409832-134

Re: LP GAINESVILLE, 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.	Na	me of the limited liability company: <u>LP GAINESVILL</u>	.E, LLC			
2. (	a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  12201 Bluegrass Parkway	_ (1	b)N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Louisville, KY 40299	_			
		07/31/2007	_	_M0700000	04535	
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 state	he Florid	a Dept. of State	:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		1200 South Pine Island Road				
		Plantation , FL_	33324	4	<b>14</b>	
C	b)	Corporation Service Company			SECR SION DEC	
,	<i>.</i> ,	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress:	SECRETARY ISION OF COR	
		1201 Hays Street			R PF S	
		NEW Registered Office Address:			FILED IARY OF STATE OF CORPORATIONS	
		Tallahassee , FL	32301			
the cager was	tha tw we	mited liability company is not organized under the law inge or changes are made, the Florida street address of a full be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the open ting agreement of the l	the regi bility co f the lin	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		() 08	Dor	na Priebe		
Sig	gnat	ure of a sectaber or authorized representative of a member			Printed or typed name of signee	
prov the o to m	risio obli ere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	perform	ance of my d	luties, and I am familiar with and accept	

Signature of Register Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President