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(Ad	ldress)				
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(Cir	ty/State/Zip/Phone	2 #)			
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(De	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer				
Special Instructions to Filing Officer:					

Office Use Only

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12/19/14--01024--011 **25.00

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12/19/14



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#: 409832-150

Re: LP HIALEAH GARDENS, 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.

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		M070000	04541
	Date of filing/registration in Florida	4.		Document number
a)	C T Corporation System			
,	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State	: ::
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		
	1200 South Pine Island Road			
	Plantation , FL	33324		_
				T T SIVIE
) .	Corporation Service Company			SECREI VISION I
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ess:	
	1201 Hays Street			
	NEW Registered Office Address:			GRAS GRAS
				AM 11: 32
				\overline{G}
	Tallahassee FI	32301		
ıaı	mited liability company is not organized under the law nge or changes are made, the Florida street address of	the registe	ered office	and the business office of the register
W	rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o	bility con	ipany, it is	hereby confirmed that the change(s)
tic	eles of organization or the operating agreement of the	limited lia	bility com	pany.
	ure of a comber or authorized representative of a member	Dona	Priebe, Au	uthorized Person
				Printed or typed name of signee

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

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