M07000004542

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	= #)		
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PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Nan	ne)		

(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Eiling Officer	 -		
Special Instructions to Filing Officer:				
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Office Use Only



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LLC RA CH 12-29-18



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#: 409832-264

Re: LP PORT ST. JOE, 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.

<u>XX</u> 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.

Ι.	Na	me of the limited liability company: LP PORT ST. JC	E, LLC	
2.	(a)		(h)
	()	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		M07000004548
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	ne Florida	Dept. of State:
		Parisman I Office A I I am AMUST BE EVONED A STREET A	D D D E C C	
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDKESS</u>	
		1200 South Pine Island Road		
		Plantation, FL_	_33324	
				Iress:
1	(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:
		1201 Hays Street		~~~
		NEW Registered Office Address:		
		-		·· ·
		Tallahassee , FL	32301	
age was	cna nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the open ting agreement of the l	the regist bility co the lim	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	anat	ure of deathbar or authorized representative of a member	Don	a Priebe, Authorized Person
I h pro the to n not	erel visi obli nere ifiea	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete progrations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The of Registered Agent Corporation Service Company	performa for in C ereby co	Printed or typed name of signee in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been livia Queppet, Asst. Vice President

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