#1108000002739

| (Re | equestor's Name) | · · · · · · · · · · · · · · · · · · · | |
|---|-------------------|---------------------------------------|--|
| (Address) | | | |
| (Ad | dress) | | |
| (Cit | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Na | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificate | es of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



400249820984

07/22/13--01021--016 **25.00

13 JUL 22 PH 2: 54
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

K. SALY EXAMINER

JUL 2 4 2013



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-315

Re: SF LAKE PLACID, 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: Evelyn Wright 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 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: SF LAKE | PLACID, LLC |
|--|--|
| 2. (a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS) | mpany: 126 Tomoka Boulevard South Lake Placid, FL 33852 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | ES & n |
| 06/09/2008 | M08000002739 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office show | wn on the records of the Florida Dept. of State: |
| Registered Agent: | Capitol Corporate Services, Inc. |
| Registered Office Address: | 155 Office Plaza Dr., Suite A Tallahassee, FL 32301 |
| (b) Enter name of NEW Registered Agent and/o | or NEW Registered Office address: Corporation Service Company |
| NEW Registered Office Address: | 1201 Hays Street |
| (MUST BE FLORIDA STREET ADDRESS | Tallahassee ,FL 32301 |
| If the limited liability company is not organized unde confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chat the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the | , the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or |
| Dona Priebe, Authorized Person Printed or typed name of signee | |
| I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms are supported to the limited liability confirms that the limited liability confirms the limited liability liability confirms the limited liability confirms the limited liability liability confirms the liability liability liability liab | t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change. |

Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President

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