M10000000834

(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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12/19/14--01022--012 **25.00

FILLED PH 4: 1.4

PACH (1)-29-16

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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#: 409832-297

Re: LP ST. PETERSBURG, 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 ST. PETERS</u>	BURG,	LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (t	o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		12201 Bluegrass Parkway	_		
		Louisville, KY 40299	_		
		02/22/2010	_	M1000	0000834
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	he Florida	a Dept. of S	tate:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	5)	
	1200 South Pine Island Road				
		Plantation , FL	33324	1	- 经月
	(b)				· · · · · · · · · · · · · · · · · · ·
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	dress:	연속 🗐
		1201 Hays Street			_
		NEW Registered Office Address:			, '
		Tallahassee , FL	32301		
the age wa the	cha ent v s/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reginate the control of the limited limite	stered off ompany, i nited liabi liability c	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Authorized Person
	_	ure of a sember or authorized representative of a member			Printed or typed name of signee
pro the to	ovisie obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act perform I for in C ereby c	t in this c ance of n Chapter t onfirm th	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Sig	gnatui	re of Register Agent Corporation Service Company	BY: S	ylvia Qu	eppet, Asst. Vice President

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