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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

00,29,14



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#: 409832-230

Re: LP NEW PORT RICHEY, 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.

OUCA.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.

2. (a)		(b)	
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12201 Bluegrass Parkway		
	Louisville, KY 40299		
	02/22/2010	M	10000000835
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
()	Registered Agent and Registered Office shown on the rec	ords of the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	1200 South Pine Island Road		
	Plantation	FI 22204	· <del>········</del>
	Plantation	, FL <u>33324</u>	
(b)	Corporation Service Company		SECRUTION C
(-)	Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Reg</b>	istered Office address	
			PH ONP PH
	1201 Hays Street		PH 2:
	NEW Registered Office Address:		PH 2: 13
	Tallahassee	,FL 32301	
If tha li	mitad liability company is not accomized under	the level of the Stee	to of Florida, it is bounded and formed that a Com-
the cha	mited liability company is not organized under nge or changes are made, the Florida street addr	ress of the registere	ed office and the business office of the registered
agent w was/we	vill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the mem	ited liability compa	any, it is hereby confirmed that the change(s)
the arti	cles of organization or the open ting agreement	of the limited liabi	lity company.
-	1)00		riebe, Authorized Person
Signat	ure of a cember or authorized representative of a member		Printed or typed name of signee
I herel proviși	by accept the appointment as registered agent an ons of all statutes relative to the proper and con	nd agree to act in t aplete performance	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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

BY: Sylvia Queppet, Asst. Vice President

Signature of Register Agent Corporation Service Company