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(City/S	itate/Zip/Phon	e #)
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(Busin	ess Entity Nar	me)
(Docur	ment Number)	
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Certified Copies	Cartificato	e of Status
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Special Instructions to Fili	ng Officer:	
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Office Use Only



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SECRUTARY OF STATE DIVISION OF CORPORATION

C.L.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#: 409832-154

Re: LP HOLLYWOOD, 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			
	02/22/2010		M1000000083	8
	Date of filing/registration in Florida	4.	Doc	ument number
(a)	C T Corporation System			
()	Registered Agent and Registered Office shown on the records of	f the Florida I	Pept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		→ 91.
	1200 South Pine Island Road			SECRE JIVISION 14 DEC
	Plantation , F	L <u>33324</u>		SECRE TARY OF STATEMS SECRE TARY OF CORPORATIONS 14 DEC 19 AM 11: 18
				- 08.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
(b)	Corporation Service Company		<u>.</u>	H 999
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	ess:	ORPORATIONS AM 11: 18
				SHO
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee , FI	L <u>32301</u>		
chai it w /we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registe iability con of the limit e limited lia	ered office and pany, it is here ed liability com bility company	the business office of the register eby confirmed that the change(s) npany or as otherwise provided in
enat	ure of a cember or authorized representative of a member	Dona	Priebe, Author	ed or typed name of signee
reb	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to act is performan ed for in Ch	this capacity.	I further agree to comply with the

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