## M10000001743

(Re	questor's Name)			
(Add	dress)	<del></del>		
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(City	y/State/Zip/Phone	e #)		
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(Bus	siness Entity Nar	me)		
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.Vg.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#: 409832-244

Re: LP O HOLDINGS II, 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.

. (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		
	02/14/2010	M^	10000001743
	Date of filing/registration in Florida	4.	Document number
(a)	C T Corporation System		
()	Registered Agent and Registered Office shown on the records o	f the Florida Dept	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1200 South Pine Island Road		
	Plantation, F	I. 33324	14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
		L	<u></u> 문 략
(b)	Corporation Service Company		SECRETARY OF CO.
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		· • • • • • • • • • • • • • • • • • • •
			PH RPUI
	1201 Hays Street		RATIO
	NEW Registered Office Address:		STATE SURATIONS
	Tallahassee , F	L <u>32301</u>	<del> </del>
e cha ent w is/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered iability compated of the limited the limited liabil	d office and the business office of the register my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signat	ure of a cember or authorized representative of a member	Donarn	Printed or typed name of signee
hereb ovisio obli mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address, It in writing of this change.	ree to act in the performance ed for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file me that the limited liability company has been

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