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K.SALY EXAMINER SEP 11 2015

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO	o. :	12000000	0195	
		REFERENC	CE :	780399	147829A	
		AUTHORIZATIO	. ис	velbele	nan	
		COST LIM	r: '	\$ 30.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ORDER D	ATE :	September 10,	2015			, – –
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ORDER NO	0. :	780399-005				
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		<u>FOREIGN</u>	, FILI	<u>NGS</u>		
1	NAME:	LCOR LAMLP	LLC			
L:		E PARTNERSHIP LIABILITY COME	PANY			
XXXX AMI	ENDMENT					
PLEASE I	RETURN	THE FOLLOWING	AS PR	OOF OF FII	LING:	
	PLAIN	TIED COPY STAMPED COPY TICATE OF GOOD	STAND	ING		
CONTACT	PERSON	: Courtney Wi	lliam	s EXT#	62935	

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: LCOR LAMLP LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jennifer Woodward Name of Person c/o LCOR Incorporated Firm/Company 850 Cassatt Road, Suite 300 Address Berwyn, PA 19312 City/State and Zip Code jwoodward@lcor.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $_{at}\,(\underline{610}_{\,\,)}\,\underline{408\text{-}4464}$ Jennifer Woodward Area Code and Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$60 Filing Fee. **O\$25** Filing Fee **\$30** Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy

FILED 2015 SEP 10 AM 10: 22

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANYLLAHASSEE, FLORIDA, TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability compan Department of State is: LCOR LAMLP LLC	y as it appears on the records of the Florida
2. This entity was formed under the laws of	: Delaware
3. This entity was authorized to transact bus and its Florida document/registration numbe	
4. The name and address of each manager of	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	LCOR RE Services LLC
	c/o LCOR Incorporated
	850 Cassatt Road, Suite 300, Berwyn, PA 19312
MGR of Lexing	Bonnie Morrison 4934 Pacifico Court
	Palm Beach Gardens, FL 33418
Required Signature:	Managing Member or Member
Signature of temperators	The state of the s

Filing Fee: \$25