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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	5			
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05/31/16--01019--007 \*\*25.00

TALLATE STEEL FILE CO

S. YOUNG

May 23, 2016

## **VIA US MAIL**

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: LG WATERS SHELDON, LLC

## Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$25.00 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Leana Guzman

REGISTERED AGENT SOLUTIONS, INC.

1701 Directors Blvd., Suite 300

Austin, TX 78744

## 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. N	ame of the limited liability company: LG WATERS	SHELI	DON, LLC	
2. (a)	2301 CEDAR SPRINGS ROAD, SUITE 200	(t	, 2301 CE	EDAR SPRINGS ROAD, SUITE 20
<b></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)
	DALLAS, TX 75201	_	DALLAS	s, TX 75201
	06/21/2013		M130000	03980
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CAPITOL CORPORATE SERVICES, INC.			
()	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of State	<b>.</b>
	155 OFFICE PLAZA DRIVE SUITE A			LAHI
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			MAY 31
	TALLAHASSEE	32301		PH 5:
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office ad	ldress:	5: 09
	155 Office Plaza Dr., Suite A			•
	NEW Registered Office Address:			-
	Tallahassee , FL	32301		
sign:  I here obto meen notifie	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of the solution of organization or the operating agreement of the law attree of a member or authorized representative of a member or authorized representative of a member appointment as registered agent and agree ions of all statutes relative to the proper and complete alignations of my position as registered agent as provided the profession of the schange in the registered office address, I have of Registered Agent	the reginative control of the limited in item is a control of the limited in items is a cont	stered office ompany, it is nited liability con clyn Wrigh at in this captance of my Chapter 605 confirm that	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.  It Authorized Person  Printed or typed name of signee  acity. I further agree to comply with the duties, and I am familiar with and accept in the limited liability company has been

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