M 14000004199

(Red	questor's Name)			
(Add	dress)	<u></u>		
(Add	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



500291029495

10/18/16--01009--014 **175.00

2018 OT 18 A 10-34
CORETARY OF STATE
ACCRETARY OF STATE

S Warren

OCT 19 2016

COVER LETTER

Division of Corporations				
LCP Daytona, LLC				
	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
Debra Silverstein, Paralegal				
Name of Person				
Orr & Reno, PA				
Firm/Company				
PO Box 3550				
Address	***************************************			
Concord, NH 03302				
City/State and Zip Code				
dsilverstein@orr-reno.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please of	call:			
Debra Silverstein 6	03 223-9140			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

LC 269 Hanover Street
(b)
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Hanover, MA 02339
M14000004199
4. Document number
A
Florida Dept, of State:
DRESS)
"ஆம் ஹாட்டி சம்மடி
Tice address:
STATE STATE

1119
of the State of Florida, it is hereby confirmed that after e registered office and the business office of the registe lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided inited liability company. Glenn Gistis
5.40 ALUL \$ 3153463
4 - 2 - 4 - CEIH

Signature of Registered Agent

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: LCP Daytona	, LLC	,	
2. (a)	269 Hanover Street	(b) 269 Hanover Street		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Hanover, MA 02339	Hanove	er, MA 02339	-
	June 13, 2014	M14000	004199	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Lowndes, Drosdick, Doster, Kantor & Reed,	PA		
J. (u)	Registered Agent and Registered Office shown on the records of a 215 North Eola Drive Registered Office Address (MUST BE FLORIDA STREET A	· 		21
	Orlando, FL	32801		FILED
(b)	Jay F. Cook, Esq.		_ 	
	Enter name of NEW Registered Agent and/or NEW Registered 9123 Trivoli Terrace	Office address:	SEE. FI.ORIDA	o 34
	NEW Registered Office Address:		_	·
	Naples, FL	34119	_	
the cha agent v was/we	imited 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 are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered office ability company, it is the limited liability.	e and the business off is hereby confirmed the ty company or as other	ice of the registered at the change(s)
		Glenn Gistis		
I herei provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete its actions of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and the change of the change.	ee to act in this cap performance of my d for in Chapter 60, iereby confirm that	Printed or typed name of pacity. I further agree duties, and I am famil 5, F.S. Or, if this docuthe limited liability co	to comply with the
Signatu	re of Registered Agent			

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