M14000005166

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NAME:

VALUE PLACE WEST PALM BEACH FL SOUTH - LAKE WORTH

LLC

TYPE OF FILING: CHANGE OF AGENT

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25.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: VALUE PLACE	WEST PALM BEACH FL SOUTH -	LAKE WORTH LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 8621 E. 21st Street N., Suite 25	50
(1000, 1700, 20, 21, 20, 11, 20, 11, 20, 11, 20, 11, 20, 11, 20, 11, 20, 11, 20, 11, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	Wichita, KS 67206	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8621 E. 21st Street N., Suite 250	
	Wichita, KS 67208	
July 21, 2014	M14000005166	يەس ئاھىيى _{يو} سا
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida D	Total V
Registered Agent:	C T Corporation System	n .; ' 🚞 🖼
Registered Office Address:	1200 South Pine Island Road	The second secon
	Plantation, FL 33324	<u>ಷ್ಟರ್</u> ಚಾರ್ಚ್ ರಾ
NEW Registered Agent: NEW Registered Office Address:	National Corporate Research, Ltd., Inc. 155 Office Plaza Drive	
	155 Office Plaza Drive	
(MÜST BE FLORIDA STREET ADDRESS)	Tallahassee	.FL 32301
if the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idented in the business of the limited liability company or as otherwhen the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the ratical. Or, in the case of a Fl	registered office orida limited
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a limited liability compand the liability co	agree to act in this capacity. roper and complete perform osition as registered agent a verely reflect a change in the ny has been notified in writin	I further agree to ance of my duties, is provided for in registered office ig of this change.

Signature of Registered Agent Sean Honan, Assistant Secretary

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