## M14000001627

(F	Requestor's Name)			
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of St	ratus		
Special Instructions to Filing Officer:				

Office Use Only



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FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

RA/RD/Ch8



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: April 24, 2015

Order#: 596876-022

Re: LP TAMPA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Janis M. Smith

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.

QUCA.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.

2. (a)	12201 Bluegrass Park	way	(b)	
	•	ess of limited liability company:  **BE STREET ADDRESS**)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Louisville	KY 40299		
	10/17/2014		M14	4000007627
3.	Date of filing/	registration in Florida	4.	Document number
5. (a)	C T CORPORATIO	N SYSTEM		
()	Registered Agent and Regist	ered Office shown on the records o	f the Florida Dept.	of State:
	1200 South Pine Islan	nd Road		<u>.</u> 9
	Registered Office Address	(MUST BE FLORIDA STREET	ADDRESS)	SEGRETARY OF CONTINUES APR 28
	Plantation	, F	L 33324	
(b)	Corporation Service C	Company		PR STATE
• /	Enter name of <u>NEW Regist</u>	ered Agent and/or NEW Registere	d Office address:	
	1201 Hays Street			
	NEW Registered Office Ad	dress:		
			·	
	Tallahassee	, F	L <u>32301</u>	
the cha agent v was/we	inge or changes are mad will be identical. Or, in ere authorized by an affi	e, the Florida street address of the case of a Florida limited I	of the registered liability compan of the limited li	of Florida, it is hereby confirmed that after office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
	Tak.	<b>&gt;</b>		ebe, Authorized Person
Signature of a member or authorized representative of a member			Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President