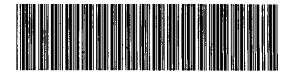


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Office Use Only



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S. YOUING SOUR

May 23, 2016

## **VIA US MAIL**

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

## Re: LG Seminole & Ulmerton, 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 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,

Aimee Vasquez

REGISTERED AGENT SOLUTIONS, INC.

1701 Directors Blvd., Suite 300

Austin, TX 78744

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: LG SEMINOLE & ULMERTON, LLC	3						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Aimee Vasquez							
Name of Person							
Registered Agent Solutions, Inc.							
Firm/Company	<del></del>						
1701 Directors Blvd., Suite 300							
Address							
Austin, TX 78744							
City/State and Zip Code							
ars@rasi.com							
E-mail address: (to be used for future annual repo	rt notification)						
For further information concerning this matter, please c	all:						
Aimee Vasquez 8	88 705-7274						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section Division of Corporations	Registration Section Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
Enclosed is a check for the following amount	<b>t:</b>						
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						
13.11.70.1.0 (0.4.1.0)							

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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.

1. Na	ame of the limited liability company: LG SEMINOL	.E & L	JLN	IERTO	N, LLC		
2. (a)	2301 Cedar Springs Rd Suite 200	,	(b) 2301 Cedar Springs Rd Suite 200				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(0) _		Mailing address of limited liab		-
	DALLAS, TX 75201		ſ	7ALLA9	s, TX 75201	FICE BOX	,
	DALLAO, TA 10201	_ _		JALLA	5, 17 73201		
	01/08/2015		М	1150000	000208		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	CAPITAL CORPORATE SERVICES, INC						
J. (a)	Registered Agent and Registered Office shown on the records of t	the Flori	da D	ept. of Stat	e:		
	155 OFFICE PLAZA DR STE A						a-more)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	16	73 C)	
	TALLAHASSEE	3230	 1		_	نت	Cori
	, FL				_	PH	
(b)	Registered Agent Solutions, Inc.					ά	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddr	ess:	<u></u>	5: 09	
	155 Office Plaza Dr., Suite A						**************************************
	NEW Registered Office Address:				_		
	Tallahassee	3230	1		_		
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the li	giste com mite d lia	red offic pany, it ed liabili	te and the business office is hereby confirmed that to ty company or as otherwimpany.	of the reg the chang	gistered e(s)
Signa	sture of a member or authorized representative of a member				Printed or typed name of sig	,nee	
provisi the obt to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is a light for the change.    A	perfor d for in hereby	man ı Ch con	ice of my apter 60 firm thai	pacity. I further agree to duties, and I am familian 5, F.S. Or, if this docume the limited liability comp	comply we with and some interest is being pany has	ith the l accept ig filed been
Signatu	Division of Corporations • P.O. I				ssee, FL 32314		

**FILING FEE: \$25.00** 

INHS18 (2/14)