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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations							
LCP Hialeah Gardens Ho	LCP Hialeah Gardens Hospitality, LLC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning	g this matter 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 Cod	le						
dsilverstein@orr-reno.com							
E-mail address: (to be used for future	annual report notification)						
For further information concerning this mat	tter, please call:						
Debra Silverstein	603 223-9140						
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						

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.	Nε	me of the limited liability company: LCP Hialean (Jarde	ะทะ	s Hospitai	ility, LLC					
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b) 269 Hanover Street						
_,	(4)				Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)						
		Hanover, MA 02339	_			r, MA 02339					
		January 21, 2015	-		M1500000	00817					
3.		Date of filing/registration in Florida	4.	_]	Document number					
5.	(a)	Jay F. Cook, Esq.									
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of S 5150 North Tamiami Trail, Suite 201 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)									
	(b)	Naples , FL	3410	3		E SA SE COL					
		Jay F. Cook, Esq.				© M					
		Enter name of NEW Registered Agent and/or NEW Registered (Office a	dd	ress:	OF STA					
		9123 Trivoli Terrace				A to 38					
		NEW Registered Office Address:									
		Naples , FL	34119	9		-					
the ag wa	e cha ent v is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of f the lin	gist cor mi	tered office mpany, it is ted liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in					
					nn Gistis						
/		of a number or authorized representative of a member				Printed or typed name of signee					
the 10	e obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to ac perforn I for in ereby (ct ma C. co	in this capa nce of my d hapter 605, nfirm that ti	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been					
Si	gnatui	re 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.

Piorio	a.					
1. N	ame of the limited liability company: LCP Hialeah					
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		
	January 21, 2015		M150000	000817		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Jay F. Cook, Esq.					
,	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Stat	de:		
	5150 North Tamiami Trail, Suite 201					
	Registered Office Address (MUST BE FLORIDA STREET)	<u>4DDRES</u>	2	_		
				_		
	Naples , FL	34103		1		
		'		- 15-47 - 15-47 - 15-47 - 15-47 - 15-47	777	
(b)	Jay F. Cook, Esq.					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :	A SST		
	9123 Trivoli Terrace			iie >	ILEO	
	NEW Registered Office Address:			Tongs a	U	
				STATE LORIDA		
	Naples , FL	34119		_		
If the l	imited liability company is not organized under the law	ve of the	State of El	arida it is baraby confirmed the	t 0.00au	
the cha	ange or changes are made, the Florida street address of	the regis	stered office	e and the business office of the	registered	
agent v was/w	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	ability co of the lim	ompany, it is sited liabilit	s hereby confirmed that the char v company or as otherwise prov	nge(s) vided in	
the art	icles of organization or the operating agreement of the	limited l	iability con	npany.	.aca	
		Gle	nn Gistis			
	ture of a member or authorized representative of a member			Printed or typed name of signee		
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete tigations of my position as registered agent as provided ely reflect a change in the registered office address, I have the complete the change of the change.	ee to act perform I for in C iereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further agree to comply duties, and I am familiar with a 5, F.S. Or, if this document is be the limited liability company ha	with the nd accept sing filed as been	
Signatu	fe of Registered Agent					
	L 2 4 OL L					

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

INIIS18 (2/14)