M1500000 1109

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





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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: August 26, 2016

Order#: 259496-080

Re: LUCKY'S MARKET PARENT COMPANY, 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.

1.	Na	ame of the limited liability company: LUCKY'S MAR	KET PARE	ENT COMPANY, LLC	
2.	(a)	6328 MONARCH PARK PLACE, SUITE 100	(b)		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		NIWOT C(80503			
		02/09/2015		M15000001109	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	PARACORP INCORPORATED			
	` '	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:	
		155 OFFICE PLAZA DRIVE, 1ST FLOOR			
		Registered Office Address (MUST BE FLORIDA STREET	· 152		
		TALLAHASSEE , FI	32301		
		, 11.	<u> </u>	## P ##	
	(b)	Corporation Service Company			
	` /	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	OF STATE FLORIDA	
		1201 Hays Street		⁰ μ ξ ν	
		NEW Registered Office Address:			
		·			
		Tallahassee , FL	32301		
1.0	.1 1				
II th	tne n e cha	imited liability company is not organized under the la- inge or changes are made, the Florida street address of	ws of the Si f the registe	tate of Florida, it is hereby confirmed that after ered office and the business office of the registers	
ag	ent v	will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of	ability com	npany, it is hereby confirmed that the change(s)	
th	e arti	cles of organization or the operating agreement of the	limited lial	ibility company.	
		Xie & Comi	Jill Cili	lmi, Authorized Person	
	Signa	ture of a nember or authorized representative of a member		Printed or typed name of signee	
I	herei	by accept the appointment as registered agent and age	ree to act in	n this capacity. I further agree to comply with the	
th:	e obl	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I	d for in Ch	napter 605, F.S. Or, if this document is being file.	
no	nere	ely reflect a change in the registered office address, I din writing of this change.	nereby conj	yirm inai ine iimiiea iiability company has been	
		Elin august			
Si	gnatu	re Registered Agent Corporation Service Company	BY: Sylv	via Queppet, Asst. Vice President	