## M1500000 3299

(Requestor's Name)								
(Add	dress)							
(Addiess)								
(Add	dress)							
(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
(Business Entity Name)								
. (Do	cument Number)							
(100)	oument Number)	•						
Certified Copies	_ Certificates	s of Status						
Special Instructions to Filing Officer:								

Office Use Only



900289352799

08/30/16--01018--019 \*\*25.00

16 AUG 30 AM 11: 40

AUG 31 2016 S. YOUNG



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#: 259496-066

Re: LUCKY'S MARKET OF ORLANDO, 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

16 AUG 30 AM II: 40

## 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	me of the limited liability comp	pany: LUCKY'S MAR	KET OF	ORLANDO	, LLC		
2.	(a)	6328 MONARCH PARK PLACE, SUITE 100  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		NIWOT	C( 80503	_				
		04/22/2015			M150000	003299		
3.		Date of filing/registrat	ion in Florida	4.		Document number		
5.	(a)	PARACORP INCORPORAT	ED					
· ·	` ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  155 OFFICE PLAZA DRIVE, 1ST FLOOR  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ie:	16 AUG	SEURE	
							30	28.A.F
		TALLAHASSEE	, FL	32301		<del></del>	AM II: 40	07 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15
(b)	(b)	Corporation Service Company	,			_	0	ATE RID;
		Enter name of <u>NEW Registered Ages</u>	nt and/or NEW Registered	Office add	dress:			٠
		1201 Hays Street				_		
		NEW Registered Office Address:				_		
		Tallahassee	, FL	32301		_		
the age	cha ent w s/we	mited liability company is not onge or changes are made, the Flivill be identical. Or, in the case are authorized by an affirmative class of organization or the operation of th	orida street address of of a Florida limited lia vote of the members of	the regise ability confither limited limited limited	stered offic impany, it i ited liabilit iability cor	e and the business office is hereby confirmed that to ty company or as otherwin pany.	of the re	egistered ge(s)
	Signat	urg of a member or authorized represer	ntative of a member	JIII C	ilmi, Autho	orized Person  Printed or typed name of sig	nee	
I l pro the to	ierel ovisie obli mere	on accept the appointment as regons of all statutes relative to the gations of my position as registly reflect a change in the regist in writing of this change.	vistered agent and agr	ree to act performa d for in C hereby co	in this cap ance of my Chapter 602 onfirm that	acity I further agree to	comply	with the d accept ing filed been
Sig	gnatur	Registered Agent Corporation	Service Company	BY: Sy	/lvia Quep	opet, Asst. Vice Preside	ent	

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