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K. SALY MAY - 7 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : ORDER DATE: May 4, 2018 ORDER TIME: 3:34 PM ORDER NO. : 195305-005 CUSTOMER NO: 7694430 FOREIGN FILINGS NAME: LAKE HOUSE ORLANDO, LLC _ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO: Registration Section
Division of Corporations

_{SUBJECT:} Lake House Orlan	ndo LLC	
Name of For	eign Limited Liability Comp	any
Dear Sir or Madam:		
The enclosed application, certificate and feet	(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Name of Person		
Firm/Company		
Address		
City/State and Zip Co	ode	
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matte	er, please call:	
Name of Person	at () Area Code & Daytim	e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amou \$\begin{align*} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\$}}} \text{\$\text{\$\$\text{\$\$}}} \text{\$\text{\$\$\text{\$\$\text{\$\$}}}} \text{\$\text{\$\$\text{\$\$\text{\$\$}}} \text{\$\text{\$\$\text{\$\$\text{\$\$}}} \text{\$\text{\$\$\text{\$\$\text{\$\$}}} \text{\$\text{\$\$\text{\$\$\text{\$\$\text{\$\$}}}} \$\text{\$\$\text{	\$55 Filing Fee &	S60 Filing Fee, Certificate of Status & Certified Copy
CR2E055 (9/15)		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

SECTION	s on the records of the Florida Department of
1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: LAKE HOUSE ORLANDO,	LLC SAN
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lial	bility company is: M1800000371
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 01/	12/2018
SECTION II (5-9 complete only the applicable of	changes)
New name of the limited liability company: (must	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name c." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida City Zip Code
New Periods of America City of	
New Registered Agent's Signature, if changing Registered agent the appointment as registered agent	gistered Agent: nt 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.

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Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
VP	Jeff Quinlivan	636 W Yale Street, Orlando, Fl	32804 Add
			Remove
VP_	Alex Panzeri	636 W Yale Street, Orlando, Fl	. 32804 ■ Add
			Remove
			■Add
			Remove
			■ Add
			Remove
******			Add
			Remove
aforementio	under the law of which this entity is of	by the official having custody of records	SECRETARY OF ST TALL AHASSEE, FLC

Filing Fee: \$25.00