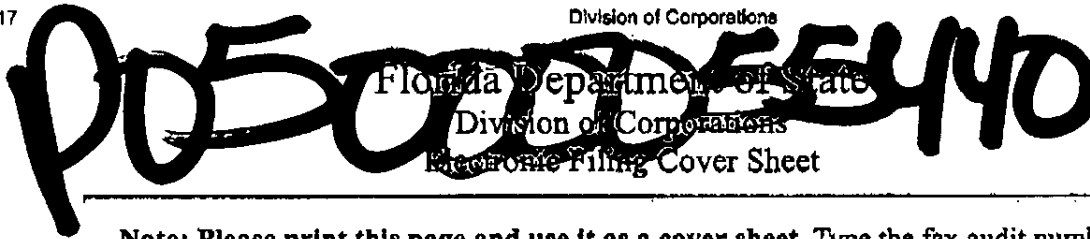


8/23/2017

Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000225871 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380
From: Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

FILED
17 AUG 23 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lgawlinski@lpiholdings.com

REGISTERED AGENT CHANGE
LPI RESIDENTIAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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17 AUG 23 AM 8:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AUG 24 2017

S. YOUNG

((H17000225871 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **LPI RESIDENTIAL, INC.**

Name of Corporation

DOCUMENT NUMBER: **P05000055440**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JENNIFER GAWLINSKI

Name of Contact Person

LPI RESIDENTIAL, INC.

Firm/Company

2614 TAMiami TRIAL NORTH, STE 632

Address

NAPLES, FL 34103

City/State and Zip Code

kgawlinski@lpiholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 800 567-4397

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H17000225871 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL In order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: LPI RESIDENTIAL, INC.
2. The principal office address: 247 AIRPORT PULLING ROAD S. NAPLES, FL 34104
3. The mailing address (if different): 2614 TAMiami TRAIL NORTH, SUITE 632 NAPLES, FL 34103
4. Date of incorporation/qualification: 04/14/2005 Document number: P05000055440
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION COMPANY OF MIAMI

2614 TAMiami TRAIL N., #632

NAPLES, FL 34103

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC

3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG 23 AM 8:56

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Jim Geeslin for Thomas E. Lewis

Printed or typed name and title

I hereby accept the appointment as registered agent 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

8/23/2017

Date

If signing on behalf of an entity:

Kimberly Rogers, Vice President

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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