## L130000189111

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(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
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(Document Number)					
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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: Mary Rivers mary.rivers@cscglobal.com

Date: June 2, 2017

Order#: 648613/014

Re: CUMBERLAND CONSULTING GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.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.	Name of the limited liability company: CUMBERLAN	D CONSL	JLTING GR	OUP, LLC
2. (a	a)	(t	o)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	·	!	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•			700 000	
	720 COOL SPRINGS BLVD, STE 550	<del></del>	720 COOL SPRINGS BLVD, STE 550	
	FRANKLIN, TN 37067		_FRANKL	IN, TN 37067
	06/20/2013	_	L1300008	39111
3.	Date of filing/registration in Florida	4.		Document number
5. (	a) NRAI SERVICES, INC			
`	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	-
	1200 SOUTH PINE ISLAND ROAD			ÄS: 3
	PLANTATION, , FI	L <u>33324</u>		CORE LAHE
(b)				AHASSE 6
	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	drece	
	The film of the first segment of the first segment	<u>o onige au</u>	<u>ar 633</u> .	AM 7: 43
	1201 Hays Street			7: <b>43</b> LORRID
	NEW Registered Office Address:			
	Tallahassee , FI	<u> 32301</u>		
the c agen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address o t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	f the regis iability co of the lim	stered office ompany, it is ited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
	Xie E. Cioni	JILI	L CILMI, AL	THORIZED PERSON
_	nature of a member or authorized representative of a member			Printed or typed name of signee
I he prov the o to me notif	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I led in writing of this change.	ree to act e performe ed for in C hereby co	in this cape ance of my c Chapter 605 Onfirm that	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
C:	Drace C-Kuble	DV C	г и	
Signa	nture of Registered Agent Corporation Service Company	BY: G	race E. Kir	by, Assistant Vice President

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