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SCORE NATURE STATE



COVER LETTER

TO:	Registration Section Division of Corporations					
SURJE	CT: CB ASSET RESOLUTIONS LLC					
SODJE	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Offi	ce Change and fe	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
CHAL	MERS H BARNES					
	Name of Person		-			
CB AS	SSET RESOLUTIONS LLC		÷			
	Firm/Company		-			
2747	ART MUSEUM DR STE 500					
	Address		-			
JACK	SONVILLE FL 32207					
	City/State and Zip Code					
_	t@bbcjustice.com					
E-	-mail address: (to be used for future ann	ual report notific	ation)			
For further information concerning this matter, please call:						
There	sa Wright	904 at (396.5181			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18	3 (2/14)					

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.

	lame of the limited liability company: CB ASSET RI		
z. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	03/31/2014 Date of filing/registration in Florida		-000053851 Document number
F (-	• •		
5. (a	Registered Agent and Registered Office shown on the records of the REBECCA H COZART Registered Office Address (MUST BE FLORIDA STREET AD 1201 N BURGANDY TRAIL	t. of State:	
	ST JOHNS, FL	32259	
			SECRE PARTIES ET
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	TICL DE CONTRACTOR DE CONTRACT
	Enter name of NEW Registered Agent and/or NEW Registered	Served to the se	
	CHALMERS H BARNES		
	NEW Registered Office Address:		THE 42
	2747 ART MUSEUM DR STE 500		II: 42
	JACKSONVILLE, FL	32207	
the clagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registere ability comparts the limited limited limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Sign	nature of a manber or authorized representative of a member	CHALK	MERS H BARNES Printed or typed name of signee
I ha	reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ded in writing of this change.	ree to act in t performance d for in Chap hereby confir	his canacity. I further agree to comply with the

Sec. 16.