L15 000 177447

(Requestor's Name)								
(Address)								
·								
(Address)								
(nuuless)								
(City/State/Zip/Phone #)								
☐ PICK-UP	MAIT	MAIL						
(Business Entity Name)								
·	·	•						
	Source and Niverback							
(Document Number)								
Certified Copies	_ Certificates	of Status						
Special Instructions to	Filing Officer							
Special Instructions to Filing Officer:								
:								
<u> </u>	·							

١





100285199801

05/13/16--01026--028 **25.00



MAY 16 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 11, 2016

Order#: 130661/034

Re: CPC JAMES ISLAND, 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 Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby

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.	Na	me of the limited liability company:	CPC JAMES IS	LAND, LI	_C	
2	(a)	800 VANDERBILT BEACH RD		(h))	
	(4)	Principal office address of limited lie (Note: MUST BE STREET A		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		NAPLES	FL 34108			
		08/05/2015			L1500013	
3.		Date of filing/registration in	i Florida	4.		Document number
5.	(a)	SALVATORI, WOOD & BUCKEL	, PL			_
		Registered Agent and Registered Office show	vn on the records of	the Florida	Dept. of State	: :
		9132 STRADA PLACE				
		Registered Office Address (MUST BE F	LORIDA STREET	ADDRESS)		
						- 6 6 6 C
		NAPLES	, FL	34108		MAY 13
	(b)	Corporation Service Company				
	(*)	Enter name of NEW Registered Agent and	or NEW Registered	Office add	ress:	The second secon
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee	ry.	22204		•
		Taliariassee	, FL	32301		
the ag wa the	e cha ent w is/we arti-	nge or changes are made, the Florida vill be identical. Or, in the case of a re authorized by an affirmative vote cles of organization or the operating	street address of Florida limited lia of the members of agreement of the	the regis ability co of the limi limited li	tered office mpany, it is ted liability ability com	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
	Signat	ure of member or authorized representative	of a member			Printed or typed name of signee
pr the to no	ovisi e obli mere tifieq	by accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change. The of Registered Agent Corporation Ser	per and complete agent as provide office address, I i	performa d for in C hereby co	ince of my o hapter 605 infirm that i	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 by, Assistant Vice President
		W				

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